An expanded childhood anxiety sensitivity index: its factor structure, reliability, and validity in a non-clinical adolescent sample

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Abstract

Anxiety sensitivity refers to the fear of anxiety-related bodily sensations that are interpreted as having potentially harmful somatic, psychological, or social consequences. The current study examined the factor analytic structure of anxiety sensitivity in a large sample of normal adolescents (N=518) using the revised childhood anxiety sensitivity index (CASI-R). Confirmatory factor analysis indicated that anxiety sensitivity as measured by the CASI-R can best be conceptualised as a hierarchical construct with four lower-order factors loading on a single higher-order factor. The lower-order factors were ‘fear of cardiovascular symptoms’, ‘fear of publicly observable anxiety reactions’, ‘fear of cognitive dyscontrol’, and ‘fear of respiratory symptoms’. An additional aim of the present study was to investigate the psychometric properties of the CASI-R. Results showed the CASI-R to be a reliable scale in terms of internal consistency. Furthermore, CASI-R scores were substantially related to levels of anxiety sensitivity as measured by the original index, trait anxiety, symptoms of anxiety disorders, in particular ‘panic disorder and agoraphobia’, and depression. Finally, some evidence was found for the validity of the CASI-R factor scores. That is, all factors convincingly loaded on symptoms of ‘panic disorder and agoraphobia’, whereas the factor ‘fear of publicly observable anxiety reactions’ was also strongly associated with symptoms of ‘social phobia’. © 2002 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Anxiety sensitivity refers to the fear of anxiety-related bodily sensations that are interpreted as having potentially harmful somatic, psychological, or social consequences (e.g., Taylor, 1995). Research in adult populations has indicated that anxiety sensitivity plays a role in the aetiology and maintenance of anxiety disorders, in particular panic disorder (e.g., Rachman, 1998). There is evidence to show that anxiety sensitivity is also involved in fear and anxiety of children and adolescents. A number of studies have found that anxiety sensitivity in children and adolescents correlates in a theoretically meaningful way with other anxiety measures (Chorpita, Albano, & Barlow, 1996; Muris, Schmidt, Merckelbach, & Schouten, 2001; Silverman, Fleisig, Rabian, & Peterson, 1991; Weems, Hammond-Laurence, Silverman, & Ginsburg, 1998). Furthermore, Rabian, Peterson, Richters, and Jensen (1993) compared levels of anxiety sensitivity in children with anxiety disorders, children with disruptive disorders, and children with no diagnosis. Results showed that children with anxiety disorders displayed significantly higher anxiety sensitivity scores than children with no diagnosis, whereas children with disruptive disorders scored in between. Finally, Lau, Calamari, and Waraczynski (1996) examined the relationship between anxiety sensitivity and panic disorder symptoms in normal adolescents. These authors found significant associations between anxiety sensitivity and the number of experienced panic attacks, the level of distress caused by the panic attacks, and the judged seriousness of the attacks (for similar findings, see Kearney, Albano, Eisen, Allan, & Barlow, 1997; Mattis & Ollendick, 1997).

In children and adolescents, anxiety sensitivity is measured by means of the Childhood Anxiety Sensitivity Index (CASI; Silverman et al., 1991), which is an age-downward modification of the Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986), the most widely used instrument for assessing anxiety sensitivity in adults. The CASI consists of 18 items such as “It scares me when I feel shaky”, “It scares me when my heart beats fast”, and “It scares me when I feel nervous”; children and adolescents are asked to rate the extent to which each item applies to them (none, some, or a lot). Previous studies have consistently shown that the CASI is a reliable and valid questionnaire for measuring anxiety sensitivity in both clinical and nonclinical samples of children and adolescents (e.g., Rabian, Embry, & MacIntyre, 1999; Silverman et al., 1991).

There has been considerable debate on the factor analytic structure of anxiety sensitivity. Although there is consensus that anxiety sensitivity should be regarded as a hierarchically organised construct consisting of several lower-order factors which load on a single higher-order factor (see, e.g., Cox, Parker, & Swinson, 1996; Taylor & Cox, 1998a; Zinbarg, Barlow, & Brown, 1997), the exact number and nature of the lower-order factors remain to be disclosed. Identification of distinct anxiety sensitivity factors seems important because these factors may reflect specific mechanisms that make individuals prone to develop specific types of fear and anxiety (see Cox, 1996). For example, the factor ‘fear of cardiovascular symptoms’ may lead to a panic attack with catastrophic thoughts about dying, whereas the factor ‘fear of publicly observable symptoms’ may give rise to social anxiety with thoughts about personal weakness.

Previous factor analytic studies seem to indicate that anxiety sensitivity in children and adolescents can be best conceptualised as a hierarchical model with either three or four lower-order factors loading on one higher-order factor (i.e., ‘anxiety sensitivity’). For example, on the basis of their study in normal and clinically children aged 7 to 16 years, Silverman, Ginsburg, and
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