



The factor structure of the Childhood Anxiety Sensitivity Index in German children

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Abstract

The factor structure of the Childhood Anxiety Sensitivity Index (CASI) was investigated in four nonclinic German samples ($N = 1244, 225, 230,$ and 143) with participants aged 8–16-years-old. Factor solutions suggested for different CASI versions were tested using confirmatory factor analysis. The best goodness-of-fit indices were found for the 13-item CASI version with 4 factors (*Disease Concerns, Unsteady Concerns, Mental Incapacitation Concerns, and Social Concerns*). Testing for factorial invariance of this model with respect to age and gender revealed non-invariant factor loadings between children and adolescents as well as between boys and girls. The theoretical and clinical implications of these findings for anxiety sensitivity in children and adolescents are discussed.

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1. Introduction

Anxiety sensitivity, as defined by Reiss and McNally (1985), is a stable predisposition toward fearing anxiety-related bodily sensations, arising from beliefs that these sensations

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have harmful somatic, psychological or social consequences. According to Reiss and McNally (1985), anxiety sensitivity includes different kinds of anxiety symptoms, not only physical symptoms (e.g., rapid heart beat) but also mental symptoms (e.g., racing thoughts) and publicly observable physical symptoms (e.g., stomach growling). Expectancy theory (Reiss, 1991; Reiss & McNally, 1985) conceives anxiety sensitivity as a personality trait increasing a person's vulnerability to fear conditioning. Designed in accordance with expectancy theory, the Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986) is a self-report questionnaire assessing adults' fears of different kinds of anxiety symptoms. To assess anxiety sensitivity with school-aged children, the Childhood Anxiety Sensitivity Index (CASI) was developed by Silverman, Fleisig, Rabian, and Peterson (1991). The child version is a modification of the ASI and includes the same 16 items contained in the adult version plus two additional items. Anxiety sensitivity in children is usually investigated with the CASI. It is a widely used and extensively researched self-report questionnaire for use with children in the field of anxiety disorders.

There has been considerable discussion about anxiety sensitivity in adults. Many studies have investigated its factor structure. Some researchers have found support for a unitary construct, whereas others have found support for a multidimensional construct (see Zinbarg, Mohlman, & Hong, 1999). Anxiety sensitivity is currently generally accepted by most researchers as a hierarchically organized construct with one general (higher-order) factor consisting of several first-order factors (see reviews in Taylor, 1999). In spite of this consensus, there is still controversy about the number and nature of first-order factors loading on a single higher-order factor. The same debate can also be observed in anxiety sensitivity research in children. Table 1 gives an overview of the different results suggested for the factor structures of the CASI as obtained by various studies. Although some findings have suggested a two-factor solution (Chorpita & Daleiden, 2000; Laurent, Schmidt, Catanzaro, Joiner, & Kelley, 1998) hierarchical models with one higher-order factor and three or four first-order factors are now more widely discussed. The two hierarchical models found by Silverman, Ginsburg, and Goedhart (1999) were confirmed by Van Widenfelt, Siebelink, Goedhart, and Treffers (2002) and also by Muris, Schmidt, Merkelbach, and Schouten (2001), who found a similar hierarchical structure (using a four-point Likert scale). Silverman, Goedhart, Barrett, and Turner (2003) summarized the different results from factor structure analysis of the CASI as well as the ASI, resulting in a 13-item CASI version. For this version, the authors suggested a hierarchical ordering of models with two, three, and four first-order factors (see Table 1).

Despite the different findings underlying the various factor models of the CASI and the ASI, there seems to be a consensus about the distinction between a factor reflecting physical concerns or fear of physiological arousal and factors representing fear or concerns of other facets like mental incapacitation, loss of control, and social concerns, depending on how many factors are distinguished. Anxiety sensitivity seems to be more than a risk factor for the development of anxiety disorders in general and panic disorder in particular. Recent research has prompted discussion about whether the specific factors are more related to pathological conditions rather than the total anxiety sensitivity construct. More specifically, *Physical Concerns* is strongly related to panic disorder, *Social Concerns* to social phobia, and *Mental Incapacitation Concerns* to depressed mood (Zinbarg, Barlow, & Brown, 1997; Zinbarg, Brown, Barlow, & Rapee, 2001). Silverman et al. (2003) found evidence that the facet *Social Concerns* is related to social phobia, but only for adolescents and not for children. These findings allow a more comprehensive understanding of concerns related to specific psychopathology. Therefore, the clarification of the factor structure of the CASI is not only of interest methodologically, but is also important

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