Does the social concerns component of the Anxiety Sensitivity Index belong to the domain of anxiety sensitivity or the domain of negative evaluation sensitivity?

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Abstract

The present study utilized an exploratory factor-analytic approach (i.e. principal-components analysis; PCA) to investigate whether the Social Concerns component of the Anxiety Sensitivity Index (ASI [Peterson, R. A., & Reiss, S. (1992). *Anxiety Sensitivity Index manual* (2nd ed.). Worthington, OH: International Diagnostic Systems.]) is best conceptualized as belonging to the domain of anxiety sensitivity (AS) and/or the domain of negative evaluation sensitivity (NES). A sample of university students ($N = 216$) was administered measures of both NES (i.e. Brief Fear of Negative Evaluation scale; Leary, 1983) and AS (i.e. ASI). Participants' responses to the items comprising these measures were subjected to a PCA with oblique rotation. Factors representing the NES construct and the three lower-order AS constructs (i.e. AS Physical, Psychological and Social Concerns) were obtained. Subscales derived from these four factors were positively and significantly correlated with one another and loaded on a single higher-order factor labeled Threat Sensitivity. Thus, the present findings suggest that the AS Social Concerns factor is distinct from NES and the other lower-order components of AS. However, correlational analyses and higher-order PCA indicated that the AS Social Concerns factor taps a blend of AS and NES as well as something unique and distinct from both global AS and NES. © 2000 Elsevier Science Ltd. All rights reserved.

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In his expectancy theory of anxiety, Reiss (1991) proposed that there are three individual difference variables, or 'sensitivities', that contribute to the development of anxiety pathology: (1) injury sensitivity, (2) negative evaluation sensitivity (NES) and (3) anxiety sensitivity (AS). AS is defined as the tendency to fear anxiety-related sensations (e.g. racing heart, difficulty concentrating, shaking/trembling) due to beliefs that these sensations have harmful physical, psychological, or social consequences (e.g. physical illness, mental breakdown, social embarrassment) (Reiss, 1991). Of these three sensitivities, AS has received the most research attention due to its theoretical and empirically-demonstrated role in the development of panic attacks (see review by Schmidt, 1999).

The instrument most commonly used to operationalize the AS construct — the Anxiety Sensitivity Index (ASI; Peterson & Reiss, 1992) — has been the subject of numerous factor analytic investigations (review by Zinbarg, Mohlman & Hong, 1999). Originally, AS was conceptualized as a unidimensional construct and at least nine factor analytic studies have supported a single-factor solution for the ASI. However, multifactorial solutions of the ASI have also been widely reported and have been used to support the alternate notion that AS is multidimensional. Subsequently, Lilienfeld, Turner and Jacob (1993) suggested a hierarchical model of AS that incorporates both of the above conceptualizations. In their hierarchical model, there are several intercorrelated lower-order AS factors all of which load on a common higher-order factor (i.e. the global AS construct). Lilienfeld et al. suggested that multifactorial solutions for the ASI were focusing on the lower-order level of the hierarchy, whereas single-factor solutions were focusing on the higher-order level. Exploratory (e.g. Stewart, Taylor & Baker, 1997) and confirmatory (e.g. Zinbarg, Barlow & Brown, 1997) factor analytic studies of the ASI have since supported a hierarchical model of AS (review by Zinbarg et al., 1999).

With regard to multifactorial (i.e. lower-order) solutions of the ASI, solutions with three or four factors are most often reported. However, the three-factor solutions appear to be most replicable and show good convergence across studies (Zinbarg et al., 1999). These three factors typically refer to: (1) Physical Concerns (i.e. beliefs that anxiety-related physical sensations such as racing heart are signs of imminent physical catastrophe such as heart attack), (2) Psychological Concerns (i.e. beliefs that anxiety-related psychological sensations such as difficulty concentrating are signs of imminent mental breakdown) and (3) Social Concerns (i.e. beliefs that publicly-observable anxiety sensations such as shaking are signs of imminent public embarrassment).

Taylor (1995) expressed concern that the AS lower-order Social Concerns component might be more appropriately conceptualized as belonging to the domain of NES rather than the domain of AS. In contrast, Zinbarg et al. (1999) have argued that AS Social Concerns are conceptually distinct from NES: The former refer to concerns about negative evaluation resulting from the display of publicly-observable anxiety symptoms, whereas the latter refer to fears of negative evaluation arising from a wide variety of behaviors not limited to displays of anxiety symptoms. Partially consistent with both of these two positions, the Social Concerns component of AS could actually be a combination of the two fundamental sensitivities of AS and NES (Taylor, Rabian & Fedoroff, 1999). For example, a publicly observable symptom of anxiety, such as a growling stomach or shaking/trembling, could be feared either because of the negative evaluation which could result from such a symptom (NES) and/or because the symptom is a sensation related to anxiety (AS).