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Personality and Individual Differences 38 (2005) 1223–1229
PERSONALITY AND INDIVIDUAL DIFFERENCES
www.elsevier.com/locate/paid

Anxiety sensitivity and worry

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Received 10 November 2003; received in revised form 17 May 2004; accepted 4 August 2004
Available online 5 November 2004

Abstract

Anxiety sensitivity (AS), the fear of one's response to anxiety provoking stimuli, has been correlated with anxiety disorders and has been theorized to be a risk factor in the development of anxiety disorders. Consistent with prior research (Dugas, Gosselin, & Ladouceur, 2001) it was hypothesized that AS and varying levels of worry share an underlying feature of anxiety specifically related to a perceived lack of control over future events, with a resultant emphasis on negative potential outcomes. In this study, the association between AS, overall distress, pathological worry, and non-pathological worry was investigated in a sample of 342 undergraduate volunteers. Results indicated that AS was significantly correlated with the Penn State Worry Questionnaire, the Worry Domain Questionnaire, and the Symptom Checklist 90-Revised. AS was a significant predictor of worry, even after factoring out overall distress, although the incremental amount of explained variance was small. Thus, AS and worry have more in common than distress. We speculate that the common element is a tendency to focus on the uncertainty of the future.

Keywords: Anxiety sensitivity; Worry; Anxiety; Fear; Distress

1. Introduction

Over the past two decades, the concept of a sensitivity to become fearful of the sensations associated with anxiety (i.e., anxiety sensitivity; Reiss & McNally, 1985) has garnered a great

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doi:10.1016/j.paid.2004.08.005

deal of research support as a common factor among persons experiencing anxiety disorders and related conditions. Based on the expectancy model of fear (Reiss, 1991; Reiss & McNally, 1985), anxiety sensitivity (AS) is regarded as a unique characteristic of the individual that serves as a "predisposing factor in the development of anxiety-mediated disorders" (Reiss & McNally, 1985, p. 119). Reiss & McNally's expectancy model considering "fear behavior" is comprised of two components: an expectancy that danger will occur (danger expectancy), which leads to avoidance behaviors, and a preemptive "fear of fear" that is comprised of both the expectation that anxiety will occur following exposure to an anxiety-provoking stimulus (anxiety expectancy) and the belief that the experience of anxiety will bring about feelings of illness, embarrassment, or possibly further anxiety symptoms (anxiety sensitivity). Thus, AS relates strictly towards the predisposed tendency to fear one's reactions to an anxiety invoking stimulus and not the stimulus per se.

Reiss and Havercamp (1996) posed an argument that, likely due to genetic and predispositional factors, some individuals are especially susceptible (i.e., those with high degrees of AS) to experience anxious symptoms as particularly unpleasant. Persons with high levels of AS will tend to worry that if forced to encounter an anxiety-inducing stressor, something unpredictable and harmful will occur (Reiss & McNally, 1985; Taylor, Koch, McNally, & Crockett, 1992b). To this extent, persons with high AS levels are likely to be highly alert to signals portending anxiety and to have exaggerated anxiety reactions (Reiss & McNally, 1985) when faced with such stimuli.

In an effort to empirically assess AS, the Reiss–Epstein–Gursky Anxiety Sensitivity Scale, now better known as the Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986), was created. The ASI is a modified version of a scale created by Epstein (1982, as cited in Reiss et al., 1986), who demonstrated that AS is a qualitatively distinct construct from anxiety. ASI scores have been found to reliably differentiate anxious from non-anxious individuals (Reiss et al., 1986) and panic disorder from other anxiety disorders (Taylor, Koch, & Crockett, 1991). Consistent with AS and expectancy theories (Reiss, 1991; Reiss & McNally, 1985), research on the ASI has demonstrated that panic disorder tends to be most strongly associated with the endorsement of high ASI scores, and that persons diagnosed with post-traumatic stress disorder (McNally, 1990), generalized anxiety disorder (GAD), obsessive-compulsive disorder, and social phobia all had ASI scores higher than normal controls (Taylor et al., 1991; Taylor, Koch, & McNally, 1992a).

Other researchers have suggested that the ASI may have applications beyond anxiety disorders. Depression has been speculated to hold a positive correlation to high AS, as two groups of researchers (Otto, Pollack, Fava, Uccello, & Rosenbaum, 1995; Taylor, Koch, Woody, & McLean, 1996) found persons with major depression to evidence ASI scores that, with the exception of panic disorder, were comparable to anxiety disorders. It is particularly curious as to why depression would relate to the construct of AS.

In the current study, the concept of AS was extended to investigate the relationship between AS and worry. Although the primary feature of GAD when in excess, worry is believed to be a commonplace occurrence in the day-to-day lives of well-adjusted people (Dupuy, Beaudoin, Rhéaume, Ladouceur, & Dugas, 2001; Joormann & Stöber, 1997). The specific content of worry has not been shown to differ much between clinical worriers and non-clinical worriers (Hoyer, Becker, & Roth, 2001). However, the quality and degree of worry may be distinct, as those with GAD