

A Sample of Adolescents' Factorial Dimensions and Gender Invariance on the Childhood Anxiety Sensitivity Index in Spanish

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Introduction

A Tran's diagnostic concept known as anxiety sensitivity has been linked to the genesis of emotional disorders, including panic and other anxiety disorders. The aspects of anxiety sensitivity for teenagers have not yet been determined; despite the fact that it is generally known that the adult population's component structure of anxiety sensitivity contains three distinct facets examining the component structure of the Spanish translation of the Childhood Anxiety Sensitivity Index was the primary objective of the current study. The Spanish-language was completed by a sizable group of nonclinical teenagers in educational settings. The three anxiety sensitivity aspects previously identified for the adult population are represented adequately by a three first-order factor solution, according to exploratory and confirmatory factor analyses. These findings highlight disparities in cancer care pathways for patients, as well as particular aspects of the care continuum that could benefit from targeted actions to achieve equity in outcomes. The three anxiety sensitivity aspects previously identified for the adult population are represented adequately by a three first-order factor solution, according to exploratory and confirmatory factor analyses. A 4-factor solution was less economical and had a worse fit than the 3-factor structure. Additionally, the results show that the 3-factor structure is gender-neutral. On the whole scale as well as on each of the three characteristics of anxiety sensitivity, girls outperformed males.

Description

Reiss and McNally established anxiety sensitivity as an individual difference variable. It is defined as the dread of anxiety symptoms brought on by the conviction that feeling afraid or anxious results in disease, embarrassment, or more distress. As a result, anxiety sensitivity results from ideas that the effects of anxiety symptoms are negative. People with high anxiety sensitivity, for instance, would think that fast heartbeats are an indication of an approaching heart attack, but others with low anxiety sensitivity might only think they're uncomfortable. It has been hypothesised that anxiety sensitivity is a risk factor for the emergence of panic disorder and other emotional disorders. Conceptually and practically, sensitivity is different from general trait anxiety; anxiety sensitivity refers to the propensity to react fearfully to anxiety symptoms, whereas trait anxiety, whereas "trait anxiety" refers to the propensity to react anxiously to all circumstances. The Anxiety Sensitivity Index, a tool first created by Reiss et al., has been used to assess anxiety sensitivity in adults in substantial part. Anxiety sensitivity is a multidimensional construct with three lower-order factors loading on a high-order factor, according to

factorial research based on this scale. Physical worries, mental incapacitation concerns, and social issues were the three lower-order elements [1,2].

According to early results from the scale's applied to children version in Spanish, the scale is composed of three main associated components. There were only differences in the loading of three items; otherwise, this 3-factor model is comparable to that reported by Silverman et al. employing a mixed sample of children and adolescents. A hierarchical structure based on these three main elements and one higher-order factor is also suggested by this study. Despite the fact that both oblique models appeared to suit the data well and the discovered outcomes, the non-hierarchical model suited the data a little bit better. As far as we are aware, there hasn't yet been a publication of information on the factorial structure of the Spanish translation [3].

Adolescent sample-based published data are not conclusive. Component studies included in systematic's review had a focus on the factor structure of the in adolescents and only evaluated the whole 18-item version of the scale. The latter investigations concentrated on condensed versions, including a 9-item physical factor version and a 16-item ASI for adult's version. Claimed that the 4-factor structure based on the 13-item CASI version was the best factorial solution, however they failed to detect any genuine differences between the 3- and 4-factor structures or between the hierarchical and non-hierarchical correlated models [4].

Discovered that both 3- and 4-factor models showed a generally similar fit to the data. The 4-factor model indicated an over-extraction of components, as these authors note, therefore a 3-factor approach encompassing bodily, social, and mental issues was preferred. While the interpretability and parsimony of the 3-factor solution are improved, the fit is comparable. This model describes the data with the fewest number of components and clearly distinguishes the three different features of anxiety sensitivity determined from adult samples. The study by which used the entire version of the revealed that a 3-factor solution best described the data using exploratory and confirmatory factor analyses. Each of the three lower-order considerations physical issues worries about mental incapacity [5].

Conclusion

Providing evidence on the construct validity of the Spanish version of the in a sizable sample of nonclinical teenagers was the overall goal of the current study. The scale's lower-order components were to be found, the optimal main structure was to be confirmed using confirmatory factor analysis, the factorial gender invariance of the scale was to be looked at and normative and cut-off scores were to be provided. The evidence from exploratory and confirmatory factor analyses point to a three-correlated factors solution as the one that best explains the first aim. The three aspects of anxiety sensitivity that have consistently been reported from adult samples, physical, cognitive, and social concerns represented by this three-factor structure, which is conceptually cohesive.

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Conflict of Interest

None.

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