

## Dimensionality of somatic complaints: Factor structure and psychometric properties of the Self-Rating Anxiety Scale

Bunmi O. Olatunji<sup>a,\*</sup>, Brett J. Deacon<sup>b</sup>, Jonathan S. Abramowitz<sup>c</sup>, David F. Tolin<sup>d</sup>

<sup>a</sup> *Department of Psychiatry, Massachusetts General Hospital/Harvard Medical School,  
15 Parkman Street, ACC 812, Boston, MA 02114, USA*

<sup>b</sup> *Department of Psychology, University of Wyoming, Department 3415,  
1000 E. University Avenue, Laramie, WY 82071, USA*

<sup>c</sup> *Department of Psychiatry & Psychology, Mayo Clinic,  
200 First Street SW, Rochester, MN, USA*

<sup>d</sup> *Anxiety Disorders Center, The Institute of Living, 200 Retreat Avenue,  
Hartford, CT 06106, USA*

Received 21 January 2005; received in revised form 27 July 2005; accepted 19 August 2005

---

### Abstract

Somatic complaints are often key features of anxiety pathology. Although most measures of anxiety symptoms capture somatic complaints to some degree, the Self-Rating Anxiety Scale (SAS) was developed primarily as a measure of somatic symptoms associated with anxiety responding. We evaluated the psychometric properties and factor structure of the SAS in two large undergraduate samples who completed the SAS and measures of anxiety and depression. Exploratory factor analysis revealed four lower-order SAS factors in both samples: (1) anxiety and panic; (2) vestibular sensations; (3) somatic control; and, (4) gastrointestinal/muscular sensations. The SAS demonstrated good reliability in both samples, and the correlations between the SAS factors and other anxiety

---

\* Corresponding author. Tel.: +1 617 724 5600; fax: +1 617 726 8907.  
E-mail address: bolatunji@partners.org (B.O. Olatunji).

variables provide supportive evidence for convergent validity, though evidence for discriminant validity was limited. The strengths and limitations of the SAS are offered as well as the implications of our findings for the nature and assessment of somatic complaints in anxiety disorders.

© 2005 Elsevier Inc. All rights reserved.

*Keywords:* Self-Rating Anxiety Scale; Factor analysis; Anxiety; Somatic complaints

---

Somatic symptoms are the leading cause of outpatient medical visits and also the predominant reason why patients with common mental disorders present in primary care (Kellner, 1990; Kroenke, 2003). Theoretical models suggest that somatic complaints may represent a core feature of anxiety pathology (e.g., Goldberg, 1996; Lang, 1971). Somatic complaints may manifest as cardiophobia, the repeated complaint of chest pain, heart palpitations, and other sensations related to having a heart attack (Eifert, 1992). The fear and catastrophic misinterpretations of somatic sensations may place individuals at risk for the development of anxiety-related conditions (Clark, 1986; Ehlers, 1991; Reiss & McNally, 1985), particularly panic disorder. Indeed, studies have demonstrated a strong, positive relationship between fear of bodily sensations and panic disorder (e.g., Apfledorf, Shear, Leon, & Portera, 1994; McNally & Lorenz, 1987) and patients with panic disorder also endorse more somatic anxiety symptoms than do controls (Hoehn-Saric, McLeod, Funderburk, & Kowalski, 2004).

Somatic complaints have also been implicated in other anxiety disorders (e.g., Koksall, Power, & Sharp, 1991). For instance, studies have shown a strong association between somatic symptoms and posttraumatic stress disorder (PTSD) independently of anxiety, depression, injury severity, and medical comorbidity (Van Ommeren et al., 2002; Zatzick, Russio, & Katson, 2003). Patients with generalized anxiety disorder (GAD) also score higher on somatic anxiety symptoms than controls (Hoehn-Saric et al., 2004) and studies have shown a unique relation between muscle tension and pathological worry observed in GAD (Joormann & Stober, 1999). Social phobia is also often accompanied by somatic symptoms, such as trembling, blushing, and sweating (Mersch, Hilderbrand, Lavy, Wessel, & Van Hout, 1992) as well as concerns that others will notice one's anxiety-related somatic symptoms (e.g., Taylor, Koch, & McNally, 1992). Hypochondriasis, the excessive worry about one's health, is yet another example of an anxiety problem in which somatic sensations are prominent (Abramowitz, Schwartz, & Whiteside, 2002; Taylor & Asmundson, 2004).

In recognition of the importance of somatic complaints in anxiety disorders, many self-report measures of anxiety incorporating items assessing somatic concerns have been developed. For example, many items of the Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) inquire about numbness or tingling and wobbliness in the legs. The BAI was developed to better discriminate anxiety from depression, and as a result it consists primarily of somatic items.

Download English Version:

<https://daneshyari.com/en/article/910205>

Download Persian Version:

<https://daneshyari.com/article/910205>

[Daneshyari.com](https://daneshyari.com)