

## Introduction

Anxiety sensitivity (AS), or the "fear of fear" is described as a fear of anxiety based upon the belief that the experience of anxious symptoms is harmful for the individual (e.g., Reiss & McNally, 1985; Reiss, Peterson, Gursky, & McNally, 1986). Among both adults (Reiss et al., 1986; Taylor, 1995) and children (Joiner, Schmidt, Schmidt, Laurent, Catanzaro, Perez, et al., 2002), AS has been found to be significantly correlated with and uniquely predictive of anxious symptoms, suggesting that AS is an important risk factor in the development of anxiety.

Several investigators, have demonstrated that anxiety sensitivity accounts for a significant proportion of the variance in anxiety disorder diagnoses beyond that accounted for by measures of trait anxiety alone (e.g. Reiss, et al., 1986; Weems, Hammond-Laurence, Silverman, & Ginsburg, 1998).

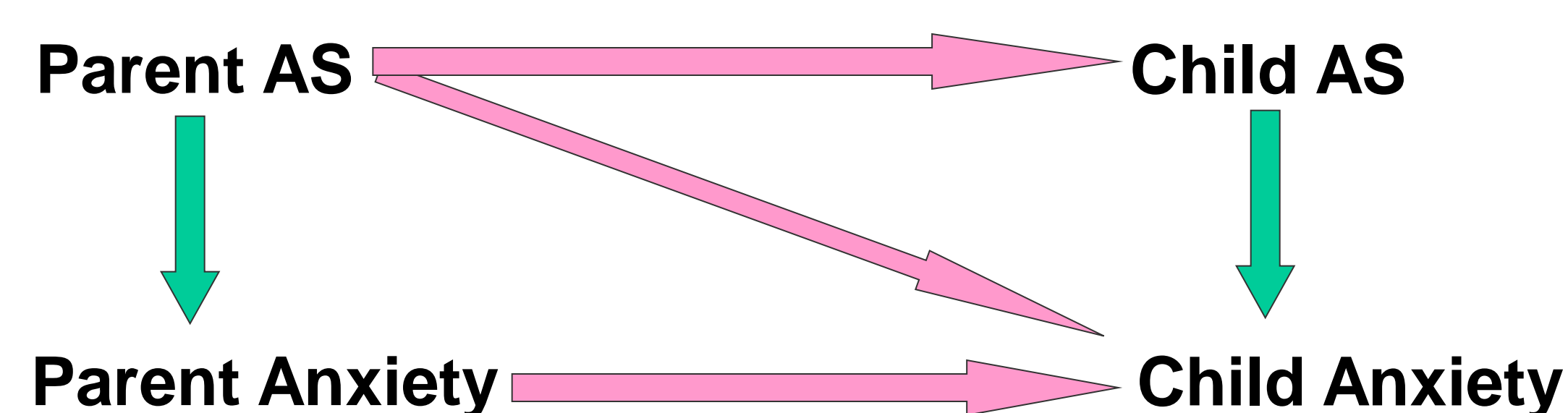
The contribution of parental AS to child AS is uncertain as the results from some studies support the relationship (Tsao, Myers, Craske, Bursch, Kim, & Zeltzer, 2005), whereas others do not (Hale & Calamari, 1999; Silverman & Weems, 1999; van Beek, Perna, Schruers, Muris, & Griez, 2005).

Additionally, parental anxiety disorders do not appear to confer a risk upon the child of experiencing heightened levels of anxiety sensitivity (Mannuzza, et al., 2002; Pollock, Carter, Avenevoli, Dierker, Chazan-Cohen, & Merikangas, 2002). The absence of a demonstrable relationship between parental anxiety and child AS suggests that parents who are themselves diagnosed with an anxiety disorder do not transmit anxiety sensitivity to the child.

Recently, parental AS was reported to be a significant predictor of anxiety disorders in the young adult (East, Berman, & Stoppelbein, 2007); however, the contribution of parental AS to concurrent reports of anxiety during childhood remains unknown.

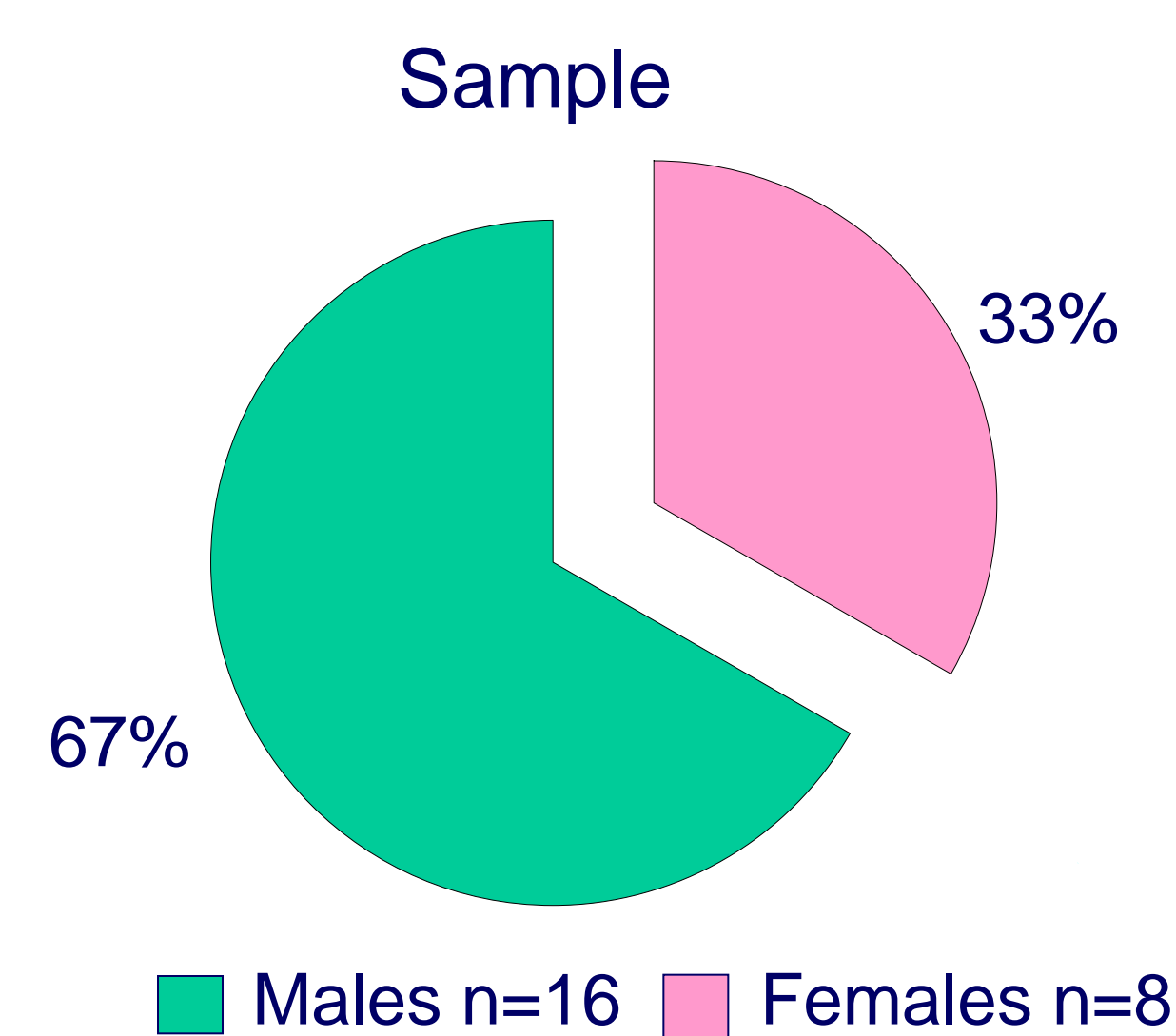
## Objectives

The present investigation sought to examine the relationships between parent AS, child AS, parental anxiety, and child anxiety. Consistent with previous findings (e.g., van Beek et al., 2005; Mannuzza et al., 2002), it was hypothesized that neither parental AS nor parental anxiety would be a significant predictor of child AS. However, a significant relationship between parental AS and child anxiety was predicted among this sample, such that parents reporting heightened levels of AS would have children reporting heightened levels of anxiety.



## Methodology

Participants included 24 clinic-referred children (aged 7-17,  $M = 12.91$ ,  $SD = 3.46$ ) and their biological parent. Each child completed the **Revised Child Anxiety and Depression Scale (RCADS)** (Chorpita, Yim, Moffitt, Umemoto, & Francis, 2000) and the **Childhood Anxiety Sensitivity Index (CASI)** (Silverman, Fleisig, Rabian, & Peterson, 1991). Concurrently, parents completed the **Revised Child Anxiety and Depression Scale Parent version (RCADS-P)** (Chorpita, Yim, Moffitt, Umemoto, & Francis, 2000), the **Depression, Anxiety, and Stress Scales, 21-item version (DASS-21)** (Antony, Beiling, Cox, Enns, & Swinson, 1998) and the **Anxiety Sensitivity Index (ASI)** (Reiss, Peterson, Gursky, & McNally, 1986).



## Results

Regression analyses were used to determine the extent to which parent AS and parental anxiety predict child anxiety. The analyses did not reveal a relationship between either parent AS and child anxiety ( $R^2 = .002$ ,  $F(1,22) = .04$ ,  $p = .85$ ) or parent anxiety and child anxiety ( $R^2 = .007$ ,  $F(1,22) = .16$ ,  $p = .70$ ).

Table 1 Regression analysis coefficient table

	B	Std. Error	t-value	Sig.
Parent AS	-.09	.45	-.19	.85
DASS-Anxiety	.55	1.36	.40	.70

Table 2 Correlation analysis between parent reported child anxiety and child reported anxiety (\* $p < .05$ , \*\* $p < .01$ )

	SAD	GAD	SP	OCD	PD	RCADS Anxiety	Parent report Child SAD	Parent report Child GAD	Parent report Child SP	Parent report Child OCD	Parent report Child PD
GAD	<b>.70**</b>										
SP	<b>.44**</b>	<b>.66**</b>									
OCD	<b>.53**</b>	<b>.53**</b>	<b>.46*</b>								
PD	<b>.58**</b>	<b>.69**</b>	.36	<b>.76**</b>							
Anxiety	<b>.78**</b>	<b>.88**</b>	<b>.73**</b>	<b>.80**</b>	<b>.85**</b>						
Parent report Child SAD	<b>.44**</b>	.22	.24	.10	.22	.30					
Parent report Child GAD	.33	<b>.43*</b>	<b>.63**</b>	.23	.12	.43	<b>.49*</b>				
Parent report Child SP	.28	.24	.52	.17	.14	.34	.48	<b>.77**</b>			
Parent report Child OCD	<b>.66**</b>	<b>.57**</b>	<b>.44*</b>	<b>.41*</b>	.37	<b>.59**</b>	<b>.61**</b>	<b>.56**</b>	<b>.41*</b>		
Parent report Child PD	.23	.39	.24	.24	<b>.56**</b>	<b>.43*</b>	.36	.37	<b>.46*</b>	<b>.33*</b>	
Parent report Child Anxiety	<b>.45*</b>	<b>.43*</b>	<b>.54**</b>	.26	.34	<b>.51*</b>	<b>.74**</b>	<b>.84**</b>	<b>.88**</b>	<b>.66**</b>	<b>.68**</b>

SAD: Separation Anxiety Disorder; GAD: Generalized Anxiety Disorder; SP: Social Phobia; OCD: Obsessive Compulsive Disorder; PD: Panic Disorder; RCADS Anxiety: Anxiety composite score

Correlations between parent-reported child anxiety and child-reported child anxiety were moderate and significant, suggesting a strong convergence between the parent and child with respect to their perceptions of the child's experience of anxiety. Similarly, among both parent and child participants, self-reported anxiety and anxiety sensitivity were strongly positively correlated, which is consistent with previous investigations. However, the present investigation did not find significant correlations between parent and child reports of anxiety and anxiety sensitivity.

Table 3 Correlation analysis between child anxiety, parent anxiety, child AS, and parent AS

	Parent reported Child Anxiety	RCADS Anxiety	Parent AS	Child AS
RCADS Anxiety	<b>.51*</b>			
Parent AS	.07	-.04		
Child AS	<b>.55*</b>	<b>.85**</b>	.06	
Parent Anxiety	.34	.09	<b>.53**</b>	.09

(\* $p < .05$ , \*\* $p < .01$ )

## Conclusions

Consistent with some previous investigations (e.g., van Beek et al., 2005), parental AS was not significantly correlated with child AS. Similarly, the present results also support previous findings indicating that parental anxiety does not significantly contribute to child AS. The present investigation also examined the contribution of parental AS to concurrently reported child anxiety. A significant association was not observed. Although significant correlations were observed for both child and adult reporters with respect to anxiety and AS, cross-generational correlations were not significant. The lack of significant findings observed in this investigation could be attributable to instrumentation (employing only paper-and-pencil measures of all constructs) or sample composition (a general clinical sample varying broadly in child age). Continued investigation with multiple methods of assessment amongst a more homogeneous sample will expand upon the present findings.