Anxiety 101

Chapter 2 – How do we best assess anxiety?

Zeidner & Matthews (2011)

How do we best assess anxiety?

- Measurement is a key pillar of scientific psychology
- Succinct definition for measurement:
 - A group of objects to be measured
 - A category or group of symbols representing various values of the scale employed
 - An explicit rule of correspondence relating elements of these two categories

Three Key Issues

- Reliability refers to the consistency of scores obtained by the same person
- Validity refers to the ability of a test to measure what it purports to measure
- Discriminant validity is typically demonstrated by showing that measures of constructs that are conceptually unrelated do not correlate in the

Subsystems for Assessing Anxiety

- A subjective subsystem: composed of verbal reports of anxiety or anxiety phenomena
- A physiological subsystem: composed of autonomic nervous system (ANS) output
- A behavioral subsystem: composed of observable behavioral signs of anxiety

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Subjective Systems

- Primarily self-report questionnaires and procedures
- Have been the most prevalent method for assessing the phenomenological facet of anxiety
- Provide important data about subjective aspects as well as objective facets of anxiety
- Are inferior to more objective and externally valid behavioral measures

IN CLASS EXERCISE!

- Each of you will now complete and then score several subjective measures of anxiety
- Penn State Worry Questionnaire
- Obsessive Compulsive Inventory –Revised
- · Liebowitz Social Anxiety Scale
- PTSD Checklist Civilian Scale

Self-report Limitations

- Threats to construct validity
- Incomplete domain coverage
- · Lack of scale differentiation
- Scales are not sufficiently relevant for clinical purposes

Anxiety in Context

- Endler's Multidimensional Anxiety Scale
- Based on an interactional model of anxiety
 - Posits that anxiety is a function of the dynamic interactions between person and situation
- Assumes that trait anxiety is multidimensional

Endler & Kocovski (2001

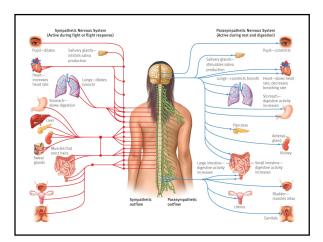
Contexts to Invoke Trait Anxiety

- Social evaluation trait anxiety (e.g., public speaking)
- Physical danger trait anxiety (e.g., jumping out of an airplane)
- Ambiguous trait anxiety (e.g., first day on a new job that has an ambiguous job description)
- Daily routines trait anxiety (e.g., changing a flat tire)

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Physiological Measures

- Techniques of psychophysiology provide a means for precise measurement of these "fight-or-flight" responses of the body
- Use of these to gauge anxiety in stressful situations would seem to have a distinct advantage over self-report measures



Physio Measurement Problems

- · Questionable construct validity
 - Provide information about overall emotional arousal but fail to provide information about the unique significance of anxiety
- Low convergence of physiological measures
- Poor reliability

Response Specificity
Threshold and ceiling effects
Lack of norms
Low practicality in naturalistic settings
Limitations of brain-imaging
Behavioral Measures
 Behavioral observations are an extremely valuable source of information on anxiety
Permit great accuracy and more objectivity
than self-report or interview procedures
Individuals with high and low anxiety scores
are discriminable by behavioral markers
Overt Anxiety
Observed perspiration
Excessive body movement
Inappropriate laughter
Lack of eye contact

Implicit Measures

- The assumption is that people are often unaware of their own attitudes and emotions
- One of the standard measures in this field is the Implicit Association Test
- Another way to assess anxiety is by orally presenting subjects with ambiguous words which can be variously interpreted

Performance Measures

- Performance measures of anxiety assess a wide array of cognitive and academic performances
- E.g., interview protocols, examination scores, semester GPA, grades, measures of decrements in cognitive functioning, latency and errors in recall of stress-relevant stimulus materials

Conceptual Problems

- Focus only superficially on the experience of anxiety
- Hard to determine what are the psychological functions that, when impaired or otherwise affected, are evidence of anxiety or of its effects
- It is likely that there are vast individual differences in these psychological processes

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But What about Projectives?

- Objective make *direct* inferences based on self or other report, structured and clear
- Projectives make *indirect* inferences, more ambiguous and less structured
 - Allows one to project their "inner world" onto the stimuli

Projective Examples

- Rorschach Inkblot Method
- Thematic Apperception Test
- Projective drawings
- Sentence completion tasks

The Skinny on Projectives

- RIM and TAT useless to assist in assessing any facet of anxiety
- Drawings good only for global psychopathology
- SCT not currently supported, but specifically constructed ones may in future

Gender & Age Differences

- Women more sensitive to a wide array of threatening stimuli and show more anxiety in the face of such
- Developmental theory and some empirical evidence might lead us to predict an increasing incidence of anxiety with age

Gender Differences

- Gender differences in test anxiety emerge during middle elementary school
 - Females report higher levels of test anxiety scores than males from elementary through college
- Recent cross-cultural research among college students shows that gender differences vary by nationality

Hembree (1988); Hill & Sarason, (1966); Baloglu, Abbasi, & Masten (2007

Gender Differences

- A meta-analysis of the computer anxiety literature found that women show slightly more computer anxiety than men
- Overall, current research suggests that gender differences in math anxiety may exist
- Women are also reported to obtain higher scores than men on measures of social anxiety and public self-consciousness

Rosen & Maguire (1990); Sowa & Lafleur, (1986)

Age Differences

- Little consensus among researchers on age trends
- Anxiety may decrease from childhood and adolescence into adulthood, increase again in the elderly
- Some believe that anxiety in the elderly is qualitatively different from anxiety in younger persons, while others downplay the difference

Lowe and Reynolds (2005)

