MANUAL

AMAS

The Adult Manifest Anxiety Scale

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1
INTRODUCTION

The Adult Manifest Anxiety Scale (AMAS) consists of three different instruments: the AMAS-A (for adults), the AMAS-C (for college students), and the AMAS-E (for the elderly). The AMAS-A is intended for use in evaluating the level of anxiety experienced by individuals across the age spectrum from early adulthood to late middle age. It is normed for individuals aged 19 through 59. The AMAS-C is geared toward screening and evaluating college students for anxiety; consequently, it includes a number of items that specifically address test anxiety. Lastly, the AMAS-E is designed for use in evaluating anxiety among individuals aged 60 and above; it therefore includes items that identify aspects of anxiety specifically experienced by many senior citizens, such as fear of aging.

Although the three versions of the AMAS are designed for different demographic groups, they closely resemble each other. They are similar not only because they share several items, but also because the three together represent an upward extension of the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978, 1985). The original CMAS (Castaneda, McCandless, & Palermo, 1956) was a downward extension of the Taylor Manifest Anxiety Scale (Taylor, 1951). In the research arena, the RCMAS is one of the most frequently cited and used measures of anxiety in studies of children and adolescents. The AMAS instruments mimic the most favorable attributes of the child instrument and also include age-appropriate item content and scales for certain adult life stages. In studies of anxiety in all stages of adulthood, the AMAS should prove equally useful.

With a total standardization sample of more than 2,800 individuals, the AMAS instruments constitute a simple, efficient means of measuring the anxiety experienced by adults. Anxiety is so often a response to overt stressors and life circumstances. Consequently, a measure that takes into account many of the situations that predictably condition an individual's moods and feelings may be helpful in identifying the source and structure of his or her anxieties. The availability of three versions of the AMAS permits a targeted assessment of anxiety.

General Description

Although they contain similar items and measure similar constructs, the three AMAS instruments were developed and normed independently of each other. The construct of anxiety is similar across age, as are some of its manifestations. The AMAS instruments therefore have a number of items in common, some of which also appear on the RCMAS. Because the symptoms or manifestations of anxiety are partly a function of age, each version of the AMAS includes unique items and subscales. Other items are unique to a specific version of the AMAS, as are certain subscales. For these reasons, the three AMAS instruments must be described independently of each other. Table 1 provides an overview of the subscales of each AMAS instrument, as well as those of the RCMAS.

The 36-item AMAS-A has three anxiety scales and a validity scale. The Worry/Oversensitivity (WOS) scale contains 14 items, such as "I worry about how well I am

Table 1
AMAS and RCMAS Scales

AMAS-A (36 Items)	AMAS-C (49 Items)	AMAS-E (44 Items)	RCMAS (37 Items)
Worry/Oversensitivity (14)	Worry/Oversensitivity (12)	Worry/Oversensitivity (23)	Worry/Oversensitivity (11)
Physiological Anxiety (9)	Physiological Anxiety (8)	Physiological Anxiety (7)	Physiological Anxiety (10)
Social Concerns/Stress (7)	Social Concerns/Stress (7)	Fear of Aging (7)	Social Concerns/Concentration (7)
Lie (6)	Test Anxiety (15)	Lie (7)	Lie (9)
	Lie (7)		

doing in my work" (Item 22). The Physiological Anxiety (PHY) scale, as its name suggests, is a measure of the somatic response to anxiety and stress; it contains nine items, including "I often feel restless" (Item 2). The Social Concerns/Stress (SOC) scale includes seven items that reflect stress-related factors associated with adult life, such as "I worry about money" (Item 15). The Lie scale is a validity scale of six items exemplifying ideal behavior, such as "I am always nice to everyone" (Item 4). It is a brief measure of the examinee's tendency to "fake good" and deny common faults by giving socially desirable responses. The Total Anxiety (TOT) scale score is the sum of all but the Lie subscale scores.

The 49-item AMAS-C has four anxiety scales and one validity scale. The WOS scale includes 12 items, such as "I worry about the future" (Item 35). The SOC scale contains seven items, including "I feel that others do not like the way I do things" (Item 3). These scales are comparable to the similarly named scales of the RCMAS, although the item content of the corresponding factors is not identical. The third AMAS-C scale is the PHY scale, which contains eight items reflecting the physiological manifestations of anxiety. The PHY items include "My muscles feel tense" (Item 36) and "I notice my heart beats very fast sometimes" (Item 47). Although a comparable scale appears on the RCMAS, the item content of the two scales is not identical. The fourth anxiety scale on the AMAS-C is the Test Anxiety scale, which consists of 15 items that reflect anxiety associated with college examinations; its content includes such items as "I worry too much about tests and exams" (Item 2) and "Tests make me nervous" (Item 33). Finally, the AMAS-C has a Lie scale consisting of seven items. As for the AMAS-A, the AMAS-C TOT score is the sum of all but the Lie subscale scores.

The 44-item AMAS-E has three anxiety scales and one validity scale. The WOS scale consists of 23 items, including "I cannot control my worrying" (Item 44) and "I am easily irritated at myself" (Item 36). The PHY scale includes seven items similar to those found on other versions of the AMAS, such as "I become tired easily" (Item 23). There is also a Fear of Aging scale, which contains seven items such as "I worry about becoming senile" (Item 41) and "I worry about losing my memory" (Item 31). The AMAS-E Lie scale has the same item content as the AMAS-C Lie scale. The AMAS-E also yields a TOT score similar to that for the other AMAS instruments.

Each of the AMAS measures may be administered in a group setting or on an individual basis. The examinee responds *yes* or *no* to each item, depending on whether or not the statement it contains applies to him or her. Because every item is positively keyed, the score for each scale on all of these instruments is the simple sum of yes responses, with higher scores suggesting higher levels of anxiety. Individuals who are familiar with the RCMAS will find it exceptionally easy to adapt to the AMAS. The scales typically take less than 10 minutes to complete and only a few minutes to score.

Applications and Limitations

The various versions of the AMAS have a wide array of applications in general clinical practices and college counseling centers, as well as in hospices and geriatric centers. The term *manifest anxiety* embodies the concept that anxiety can exist as either a symptom or a distinct disorder. It is helpful in diagnosis and treatment to distinguish these two issues and to note the qualitative features of the anxiety responses and their quantitative features. Such a distinction can be achieved through a review of the AMAS subscale scores and of the items marked in the keyed direction (those answered *yes*).

The AMAS instruments can be used to monitor the treatment effects of psychotherapy, as well as those of drug therapy. Because there are no known practice effects of responding to the scales, a clinician can track score changes over time through repeated administrations. If the treatment is effective, AMAS scores should go down. If the scores remain high, alternative treatments might need to be considered.

The scales of the AMAS are helpful in distinguishing between those with normal levels of stress and those with clinically significant stress. For example, most college students experience some anxiety about examinations and other performance evaluations. The AMAS-C Test Anxiety subscale provides a quantitative reference point against which to judge a student's level of test anxiety relative to that of other college students. On occasion, AMAS results reveal that other stressors are the real culprits in such circumstances. For example, social concerns and other stresses of college life may be reducing study time or making it ineffective and the resulting lack of preparedness may be the cause of test anxiety. Individuals vary considerably in their level of insight into such problems and their complexities. Formal testing, when it is both brief and practical, can speed discovery of the relevant issues.

Training and experience in the diagnostic process are required to interpret any measure of personality or psychopathology. Careful consideration of the presenting problem and the life context of the examinee, along with collateral data from sources such as additional tests or interviews of those close to the participant must play a significant role in the interpretation of AMAS results.