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Relationships between neuroticism, attentional control, and anxiety disorders symptoms in non-clinical children

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Abstract

The present study was a first attempt to examine Lonigan and Phillips' (2001) theory on the role of neuroticism and attentional control in the development of childhood anxiety. A large sample of non-clinical children aged 8–13 years ($N = 303$) completed the neuroticism scale of the Junior version of the Eysenck Personality Questionnaire (JEPQ), the Attentional Control Scale for Children (ACS-C), and the Screen for Child Anxiety Related Emotional Disorders (SCARED), which is a questionnaire measuring symptoms of childhood anxiety disorders. Results showed that the links between neuroticism and attentional control, on the one hand, and anxiety disorders symptoms, on the other hand, were as expected. That is, the correlation between neuroticism and anxiety was positive, whereas that between attentional control and anxiety was negative. Furthermore, although neuroticism and attentional control both explained a unique and significant proportion of the variance in anxiety disorders symptoms, no support was found for Lonigan and Phillips' notion that in particular the interaction of these two variables is needed for developing high levels of anxiety. Implications of these findings for theories on temperamental vulnerability for childhood anxiety are briefly discussed.

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Keywords: Neuroticism; Attentional control; Anxiety disorders symptoms; Children

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1. Introduction

Anxiety disorders are among the most common forms of psychopathology in children and adolescents. Prevalence rates for anxiety disorders in youths range between 5.7% and 17.7%, with half of them exceeding the 10% rate (Costello & Angold, 1995). There is also evidence to suggest that subclinical manifestations of anxiety disorders are prevalent among normal children and adolescents. For example, Bell-Dolan, Last, and Strauss (1990) found that symptoms of generalized anxiety disorder, separation anxiety disorder and specific phobias were present in a substantial minority (20–30%) of a sample of never-psychiatrically ill youths. Acknowledging its high prevalence and the negative impact that anxiety has on daily functioning (e.g., Muris & Meesters, 2002; Strauss, Frame, & Forehand, 1987), researchers have increasingly examined factors that are involved in the development of high levels of anxiety in children and adolescents (e.g., Bernstein, Borchardt, & Perwien, 1996; Craske, 1997). Temperamental vulnerability is considered to play an important role in the etiology of childhood anxiety (Lonigan & Phillips, 2001).

One temperamental factor that has been postulated to predispose children to high levels of anxiety is behavioral inhibition (Biederman, Rosenbaum, Chaloff, & Kagan, 1995). Support for this notion comes from a study in which preschool children were followed for a 3-year period (Biederman et al., 1993). Results showed that children initially identified as behaviorally inhibited were subsequently more likely to develop anxiety disorders compared to control children (i.e., children who at study onset were not classified as behaviorally inhibited). Not only social phobia, but also separation anxiety disorder, and multiple anxiety disorders were significantly more prevalent in the subsample with behavioral inhibition (for similar findings, see Muris, Merckelbach, Wessel, & Van de Ven, 1999; Muris, Merckelbach, Schmidt, Gadet, & Bogie, 2001).

While Kagan and colleagues (e.g., Kagan, Snidman, Arcus, & Reznick, 1994) view behavioral inhibition as a temperamental factor, critics have argued that children's inhibited behavior is the perceptible manifestation of an underlying personality dimension (Turner, Beidel, & Wolff, 1996). For example, it may well be the case that inhibition is the behavioral derivative of neuroticism. There is indeed evidence showing that neuroticism plays a role in the development of anxiety disorders. For example, Lonigan, Kistner, Hooe, and David (1997) examined the relationship between neuroticism as assessed by a child version of the Positive and Negative Affectivity Schedule (Watson, Clark, & Tellegen, 1988) and anxiety symptoms in 300 children and adolescents in a 7-months longitudinal study. Results indicated that there were not only concurrent but also prospective links between neuroticism and anxiety symptoms (cf. John, Caspi, Robins, Moffitt, & Stouthamer-Loeber, 1994).

Recently, Lonigan and Phillips (2001) have articulated an innovative theory in which the risk for anxiety is not related to the single dimension of neuroticism, but to the interaction of this temperamental factor with the dimension of effortful control. More precisely, these authors argue that while neuroticism makes children prone to display anxiety and arousal in response to novel and aversive stimuli and situations, effortful control processes may allow them to orient away from these distressing stimuli and situations. In their words: "Although high neuroticism is a necessary condition for the development of anxiety, it is not sufficient. We believe that a dynamic combination of low effortful control and high neuroticism is required" (p. 70). Thus, high neuroticism is accompanied by strong emotional reactivity, which increases the vulnerability to

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