



Pergamon

Anxiety Disorders
17 (2003) 271–287

JOURNAL
OF
**Anxiety
Disorders**

Threat perception abnormalities in children: the role of anxiety disorders symptoms, chronic anxiety, and state anxiety

Peter Muris^{a,*}, Ron Rapee^b, Cor Meesters^a,
Erik Schouten^a, Marijn Geers^a

^a*Department of Medical, Clinical, and Experimental Psychology, Maastricht University,
P.O. Box 616, 6200 MD, Maastricht, The Netherlands*

^b*Department of Psychology, Macquarie University, Macquarie, Australia*

Received 5 October 2001; received in revised form 6 December 2001; accepted 7 January 2002

Abstract

This study investigated the relative contribution of general (trait) anxiety and state anxiety to threat perception abnormalities in nonreferred children aged 8–13 years ($N = 299$). Children were first asked to complete self-report measures of anxiety disorders symptoms and chronic anxiety. Next, they were individually interviewed using an ambiguous story paradigm from which a number of threat perception indexes were derived. Just before the interview started, children were asked to fill out a measure of state anxiety. Results showed that high levels of general anxiety (as indexed by anxiety disorders symptoms and chronic anxiety) were significantly related to increased threat perception and lower threat thresholds. High levels of state anxiety were also associated with increased threat perception and lower threat thresholds. Regression analyses indicated that general anxiety and state anxiety both accounted for a unique proportion of the variance in threat perception abnormalities, although the contribution of general anxiety was in most cases substantially larger than that of state anxiety. Finally, no support was found for the notion that threat perception abnormalities are the result of the conjoint influence of general anxiety and state anxiety. © 2002 Elsevier Science Inc. All rights reserved.

Keywords: Anxiety; Threat perception abnormalities; Normal children

* Corresponding author. Tel.: +31-43-388-1264; fax: +31-43-367-0968.
E-mail address: p.muris@dep.unimaas.nl (P. Muris).

1. Introduction

Anxiety disorders are one of the most prevalent psychiatric problems in children. Estimates for the presence of any anxiety disorder range between 5.7 and 17.7%, with half the studies exceeding the 10% rate (Costello & Angold, 1995). The latest edition of the DSM (DSM-IV-TR; American Psychiatric Association, 2000) recognizes the following anxiety disorders in children: separation anxiety disorder, generalized anxiety disorder, social phobia, specific phobia, obsessive–compulsive disorder, and posttraumatic stress disorder. Epidemiological studies have revealed that generalized anxiety disorder, separation anxiety disorder, and specific phobias are the most commonly diagnosed anxiety disorders, occurring in about 5% of youths. Social phobia and panic disorder are less frequent with prevalence rates in younger children generally below 2%, while obsessive–compulsive disorder and posttraumatic stress disorder are relatively rare. There is evidence to suggest that subclinical manifestations of anxiety disorders are also prevalent among normal children and adolescents. For example, Bell-Dolan, Last, and Strauss (1990) found that symptoms of generalized anxiety disorder, separation anxiety disorder, social phobia, and specific phobias were present in a substantial minority (20–30%) of a sample of never-psychiatrically ill youths.

According to Kendall's (1985) theory of childhood anxiety, pathological fear and anxiety result from the chronic overactivity of schemas around themes of danger and death. These overactive schemas are assumed to chronically focus processing resources on threat-relevant information. Cognitive distortions play a prominent role in Kendall's theory. These distortions pertain to cognitive processes that are biased or erroneous, and therefore yield dysfunctional and maladaptive thoughts and behaviors (see for a comprehensive review Daleiden & Vasey, 1997). Some of these distortions occur during the early stages of information processing and reflect unintentional, effortless, relatively fast processes that take place without awareness. A good example of such an automatic cognitive distortion is attentional bias which refers to anxious subjects' tendency to display hyperattention toward potentially threatening material (see Vasey & MacLeod, 2001). A frequently employed technique for demonstrating this attentional bias is the dot probe task. During this task, subjects have to react to a probe that is either preceded by a threat-related or a neutral word. A few studies have shown that anxious children are faster in reacting to a probe if it is preceded by a threatening rather than a neutral word, and that this differential reaction is not evident in nonanxious children (see Vasey, Daleiden, Williams, & Brown, 1995; Vasey, El-Hag, & Daleiden, 1996).

A typical example of a cognitive distortion that operates during the later, more controlled stages of information processing is interpretational bias, which refers to anxious children's tendency to disproportionately impose negative interpretations upon ambiguous situations. In the past 5 years or so, several studies have

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات