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# Guest Editorial

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## Information Processing Abnormalities in Childhood Anxiety

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Anxiety disorders are among the most prevalent psychiatric problems in children and adolescents. Epidemiological research shows that between 8 and 12% of youths suffer from anxiety complaints that are severe enough to interfere with daily life and functioning (Bernstein, Borchardt, & Perwien, 1996). According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV*; American Psychiatric Association [APA], 1994), the following anxiety disorders can be distinguished in children and adolescents: separation anxiety disorder, generalised anxiety disorder, social phobia, specific phobia, panic disorder, obsessive-compulsive disorder, and posttraumatic or acute stress disorder.

Since the 1980s, there has been increased research interest for the etiology of anxiety disorders in young people. This has yielded insight in a wide range of factors that may predispose to the development of childhood anxiety disorders (see Vasey & Dadds, 2001). Important factors are genetic vulnerability, neurobiological factors (e.g., increased stress hormones, sensitive fear circuits), temperament (e.g., negative affectivity, behavioural inhibition), inadequate emotion regulation skills, adverse parental responses (e.g., modelling of anxious behaviours, overprotection), and learning experiences (e.g., conditioning). The idea is that the presence of multiple predisposing factors in a pro-

cess of dynamic transaction set the stage for the onset of a childhood anxiety disorder.

Once the child has developed an anxiety disorder, this condition is likely to be maintained and intensified by a variety of influences. Mowrer's two-stage model (1960) suggests that avoidance behaviour is responsible for the maintenance of anxiety problems. More precisely, avoidance minimises direct and prolonged contact with the fear-provoking stimulus or situation, and hence, the phobic child does not have the opportunity to learn that the stimulus or situation is in fact harmless or safe. While the role of avoidance behaviour in the maintenance of phobias seems self-evident, there are also a number of cognitive distortions that promote continuation of anxiety disorders.

Cognitive distortions refer to cognitive processes that are biased and erroneous, and therefore yield dysfunctional and maladaptive thoughts and behaviours. Typically, in anxiety disorders, such distortions reflect the chronic overactivity of schemas organised around themes of danger and threat (Kendall, 1985). Examples include a tendency to selectively attend to cues signalling threat or the inclination to interpret ambiguous stimuli and events as threatening. While there is an impressive body of research on cognitive distortions in adult anxiety disorders, studies on anxiety-related information processing abnormalities in children

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have been relatively sparse (Vasey & MacLeod, 2001). This issue of *Behaviour Change* contains a number of studies on cognitive distortions that are thought to play a role in childhood anxiety. The contributions of Morren et al. and Kindt et al. describe attempts to reveal distortions that occur during the early, automatic stages of information processing. More specifically, both studies examine anxious children's tendency to selectively attend to threatening information. Overall, results were disappointing as both studies were not able to convincingly demonstrate distortions in the early processing of threat stimuli. Nevertheless, these negative findings are important as they force researchers to look at methodological and developmental aspects of the phenomena under study. The articles by Muris et al. and Bögels et al. focus on distortions which are thought to operate during later, more controlled stages of information processing. Muris et al. provide further evidence for the notion that anxious children more easily and more frequently perceive threat when confronted with ambiguous stimuli and situations. Bögels et al. clearly demonstrate that anxious children display dysfunctional thinking, although the specificity of thoughts for particular anxiety disorders seems less distinct than in anxious adults.

Altogether, this is an issue with studies which have less practical value for the readership

of *Behaviour Change*. Nevertheless, I express the hope that clinicians will gain more insight in the cognitive processes that occur in children with anxiety disorders. Furthermore, I trust that this series of studies will facilitate more research in this important and intriguing area.

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