

Self-Criticism in Generalized Social Phobia and Response to Cognitive-Behavioral Treatment

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Excessive self-criticism is a putative psychological vulnerability for depression, and recent findings suggest it may be important in social phobia as well. The present study investigated the role of self-criticism in predicting outcome to cognitive-behavior therapy for generalized social phobia. Eighty-four patients were assessed before and after treatment using a latent social phobia factor based on six different symptom measures. A hierarchical regression analysis was used to sequentially enter baseline severity of social phobia symptoms, interpersonal dependency (another depressogenic vulnerability), depressed mood state, and changes in the latter two variables in response to treatment. In the final model, change in level of self-criticism over the course of treatment was significantly associated with social phobia outcome. Implications of these findings for understanding psychological processes in social phobia are briefly discussed. Further research is needed to determine whether some social phobia patients with excessive self-criticism might benefit from treatment augmentation to more intensively target their core beliefs about self-worth.

In his early influential writings, Blatt (1974) proposed two psychological diatheses that were believed to convey vulnerability to adult psychopathology, particularly depression. The first diathesis, self-criticism, was characterized by excessive demands for achievement and recognition. In the presence of perceived failure, self-critical individuals were prone to introjective depression with pronounced symptoms of worthlessness and guilt, along with the “sense that one has failed to live up to expectations and will be disapproved of and criticized” (Blatt, p. 117). In contrast, anaclitic depression was

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viewed as the result of excessive interpersonal dependency in which a sense of helplessness and fears of abandonment led to a sensitivity to interpersonal relationship problems or loss. The 66-item Depressive Experiences Questionnaire (DEQ) was developed to assess the dimensions of self-criticism and dependency (Blatt, D'Afflitti, & Quinlan, 1976). Because subsequent confirmatory factor analysis revealed problems in the fit of the original DEQ with the proposed model structure (Bagby, Parker, Joffe, & Buis, 1994), a 19-item version was empirically derived from the original scale and successfully cross-validated with independent samples (Bagby et al., 1994).

Blatt's (1974) model has generated an impressive amount of research activity and has received extensive empirical support, although much of the work has relied on cross-sectional correlations with distress severity (for a review, see Nietzel & Harris, 1990). Despite the clinical implications of these proposed core psychological processes, there have been few studies in the area of prediction of treatment outcome. Based on a factor analysis of the Dysfunctional Attitudes Scale (Weissman & Beck, 1978) in a clinically depressed sample, Blatt, Quinlan, Pilkonis, and Shea (1995) identified a dimension they defined as self-critical perfectionism. These perfectionistic concerns were a negative predictor of outcome across several treatment types (pharmacotherapy, cognitive-behavior therapy, interpersonal therapy) as well as a placebo condition in the study. Blatt et al. (1995) interpreted their findings as evidence of the pernicious and pervasive nature of perfectionism or self-criticism. Blatt (1995) has described the diathesis of self-criticism as a destructive form of perfectionism. Specifically, Blatt suggested that "self-oriented perfectionism involves exceedingly high, self-imposed, unrealistic standards and an intensive self-scrutiny and criticism . . ." (p. 1006), and also that self-critical individuals "have a chronic fear of disapproval, criticism, and rejection. They strive for excessive achievement and perfection. . . ." (p. 1009). In this context, self-criticism shares a significant conceptual relationship with maladaptive or negative features of Hewitt and Flett's (1991) self-oriented perfectionism construct and with socially prescribed perfectionism.

Rector, Bagby, Segal, Joffe, and Levitt (2000) recently extended this research in depressed patients using the DEQ in order to more explicitly assess Blatt's (1974) self-criticism construct. Rector et al. also examined the potential importance of change in level of self-criticism following treatment in addition to baseline, pretreatment severity of self-criticism in predicting depressed patients' response to treatment. In order to assess the specificity of the proposed vulnerability, the effects of DEQ dependency were also assessed. Pretreatment level of self-criticism and change in level of self-criticism were significant negative predictors of Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979) response to cognitive therapy ($n = 51$). Dependency was not a significant predictor, and neither DEQ dimension was predictive of response to pharmacotherapy. Rector et al. (2000) emphasized that self-criticism should be assessed prior to treatment and for some individuals it might be more intensively targeted and addressed than is the

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