



Constructing a self: The role of self-structure and self-certainty in social anxiety

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ABSTRACT

Current cognitive models stress the importance of negative self-perceptions in maintaining social anxiety, but focus predominantly on content rather than structure. Two studies examine the role of self-structure (self-organisation, self-complexity, and self-concept clarity) in social anxiety. In study one, self-organisation and self-concept clarity were correlated with social anxiety, and a step-wise multiple regression showed that after controlling for depression and self-esteem, which explained 35% of the variance in social anxiety scores, self-concept clarity uniquely predicted social anxiety and accounted for an additional 7% of the variance in social anxiety scores in an undergraduate sample ($N = 95$) and the interaction between self-concept clarity and compartmentalisation (an aspect of evaluative self-organisation) at step 3 of the multiple regression accounted for a further 3% of the variance in social anxiety scores. In study two, high ($n = 26$) socially anxious participants demonstrated less self-concept clarity than low socially anxious participants ($n = 26$) on both self-report (used in study one) and on computerised measures of self-consistency and confidence in self-related judgments. The high socially anxious group had more compartmentalised self-organisation than the low anxious group, but there were no differences between the two groups on any of the other measures of self-organisation. Self-complexity did not contribute to social anxiety in either study, although this may have been due to the absence of a stressor. Overall, the results suggest that self-structure has a potentially important role in understanding social anxiety and that self-concept clarity and other aspects of self-structure such as compartmentalisation interact with each other and could be potential maintaining factors in social anxiety. Cognitive therapy for social phobia might influence self-structure, and understanding the role of structural variables in maintenance and treatment could eventually help to improve treatment outcome.

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Current cognitive models of social phobia emphasise the role of mental representations of the self in maintaining social anxiety (Clark & McManus, 2002; Clark & Wells, 1995; Rapee & Heimberg, 1997), and according to Moscovitch (2009), fear of exposing the self is the 'core fear' in social phobia. These claims rest primarily on studies that have focused on the content of the self-concept. This content is formed by negative beliefs and assumptions about the self, and negative images of self-reported by socially phobic and socially anxious individuals (e.g. Hackmann, Surawy, & Clark, 1998; Schulz, Alpers, & Hoffmann, 2008; Stopa & Clark, 1993; Tanner, Stopa, & De Houwer, 2006; Turner, Johnson, Beidel, Heiser, & Lydiard, 2003). Experimental manipulations of positive and negative self-images indicate that they may have causal, as well as maintaining effects, on social anxiety (e.g. Hirsch, Clark, Mathews,

& Williams, 2003; Hirsch, Mathews, Clark, Williams, & Morrison, 2006).

Any negative self-representation, according to Showers and Zeigler-Hill (2006) depends both on the *availability* (i.e., content) of self-knowledge and on the *accessibility* of this knowledge. They argue that accessibility is partly determined by the structure of self-knowledge and that structure may moderate the impact of negative self-knowledge on self-esteem and depression. Self-structure refers to the way in which self-knowledge is organised and will be discussed in more detail below.

The accessibility of self-representations is at the centre of Brewin's (2006) retrieval competition hypothesis. He argues that different self-representations compete and that the effectiveness of cognitive therapy depends not so much on changing negative self-representations, as on making competing positive self-representations more accessible. According to Brewin, access to any given self-representation depends on multiple factors including the individual's current emotional and physiological state, the available retrieval cues and contexts, autobiographical memories that

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provide the data bank for competing self-representations, as well as beliefs, attitudes and assumptions about the self. It may also depend on the way in which the information about the self is structured.

If accessibility (i.e. structure) is important in addition to availability (i.e. content), and if the self does indeed play a fundamental role in maintaining social anxiety, then we need to look at the role of self-structure in social anxiety, as well as investigating the contents of self-representations. The aim of this paper is to investigate whether three elements of self-structure, namely, evaluative self-organisation, self-complexity, and self-concept clarity, are related to social anxiety in a non-clinical sample. These three different aspects of self-structure are described below together with comments on their potential role in maintaining social anxiety.

Evaluative self-organisation (Showers, 1992, 2000) refers to the way in which positive and negative self-beliefs are distributed between different aspects of the self. A self-aspect refers to a particular self-defined role (e.g. parent, friend, scientist, engineer) that has a set of attributes associated with it. These attributes can be positive (e.g. kind, loyal, and creative) or negative (e.g. dishonest, selfish, and boring). In Showers' model there are two different types of evaluative self-organisation: evaluative compartmentalisation and evaluative integration. For individuals with a compartmentalised self-organisation, each self-aspect contains primarily positive or primarily negative information (e.g. a kind, caring, loving son, but a selfish, thoughtless, and indifferent friend), whereas, individuals with an integrated self-organisation have overlapping attributes in their different self-aspects (e.g. a loving, caring, thoughtless and selfish son). Evaluative self-organisation also incorporates the importance of the various different attributes to the individual, so an individual who rates positive attributes as more important than negative attributes is described as having a positively compartmentalised or positive-integrated self-organisation, whereas an individual who rates negative attributes as more important has a negatively compartmentalised or negative-integrated self-organisation.

Self-organisation is not static and can change in response to life events and in the course of therapy (Showers, Limke, & Zeigler-Hill, 2004). Although compartmentalisation confers some benefits (for example, it requires fewer cognitive resources than integration), there are also some costs. Positive compartmentalisation is associated with higher self-esteem and more positive mood than integrated self-organisation. However, negative compartmentalisation is associated with lower self-esteem and more negative mood than negative-integrated self-organisation. When an individual with a positively compartmentalised self-organisation is faced with a stressor, this may trigger the activation of negatively compartmentalised aspects of self, and because these self-aspects do not contain any positive information to buffer them, the individual may be flooded with negative information (semantic and affective information associated with that self-aspect). Showers et al. (2004) argue that, although psychological treatment does not explicitly set out to change self-structure, it may in fact do so. Therapy may facilitate a move from a more compartmentalised to a more integrated self-organisation, in which information of the opposite valence acts as a buffer, thereby reducing extreme reactions (Showers, 1992).

Although most of the research into self-organisation has been done by social psychologists, Taylor, Morley, and Barton (2007) demonstrated that remitted bipolar disorder and recovered depressed groups both had more compartmentalised self-organisation than non-patient controls, and they suggest that increased compartmentalisation may be a general feature of mood disorders. Compartmentalised self-organisation might contribute to the

depression that frequently accompanies social phobia, but could it also contribute directly to social anxiety? There is one study that provides indirect support for the idea that it might. In an unselected sample of undergraduate participants, Zeigler-Hill and Showers (2007) found that individuals with compartmentalised self-organisation were more sensitive to lab-based social rejection and had more unstable self-esteem than individuals with integrated self-organisation.

The second structural aspect of the self that we investigate in this paper is Linville's (1985) model of self-complexity. In this model, high self-complexity is preferable to low self-complexity because it modulates affective reactions. Self-complexity refers to both the number of self-aspects with which individuals define themselves and the degree of overlap between them. More self-aspects and less overlap constitute greater self-complexity. Linville (1987) argues that a stressful life event will activate the self-aspects most relevant to that event. If the individual has a lot of self-aspects, then only a small proportion of the self is affected. Minimal overlap also means that other related self-aspects are less likely to be activated, and thus high complexity has a protective effect. However, there is mixed support for this hypothesis and in a recent meta-analysis, Rafaeli-Mor and Steinberg (2002) found only weak support for Linville's (1985) claim that high self-complexity is associated with better psychological well-being.

Despite the lack of robust support for the stress-buffering effects of self-complexity, there are other routes through which self-complexity might influence social anxiety. Renaud and McConnell (2002) found that low self-complexity was associated with a bigger rebound effect on a thought suppression task. Post-event processing (PEP) is a common and distressing response to social events among socially phobic individuals (Rachman, Gruter-Andrew, & Shafan, 2000), and attempts to suppress intrusive thoughts during PEP could produce a rebound effect that makes it harder to terminate processing, thus increasing distress. McConnell et al. (2005) demonstrated that greater self-complexity was associated with poorer physical and psychological outcomes, but only for people who believed that they had little control over their various self-aspects. Many socially phobic individuals believe that they are socially inept and cannot create the desired social impression, which leads to anxiety. For an individual with low self-complexity, this self-aspect may be a prominent part of his or her general self-concept and could contribute to a feeling that "this is the way I am", resulting in a sense of hopelessness. In the current study, we wanted to explore whether high or low self-complexity was associated with higher levels of social anxiety, but given the extant literature, it was not possible to make a clear directional prediction.

The self is a complex multi-dimensional entity and this raises the question of how individuals maintain a coherent sense of self, and brings us to our final structural concept, namely self-concept clarity. Self-concept clarity describes the degree to which "the contents of the self are clearly and confidently defined, internally consistent, and temporally stable" (Campbell, Assanand, & Di Paula, 2003, p. 122). Baumgardner (1990) suggests that a high degree of certainty about one's self-concept can contribute to a sense of control about future outcomes, which in turn supports a positive and confident view of self. Conversely, uncertainty about the self-concept is associated with low self-esteem, less positive affect towards the self, temporal instability in self-descriptions, and lower congruence between perceptions of current and past behaviours (e.g. Baumgardner, 1990; Campbell, 1990). People with low self-concept clarity are likely to be more vulnerable to the effects of external stimuli. This may help to explain why perceptions about the outcome of social events impact on feelings of self-worth in individuals with social phobia to a greater extent than either

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