



Effects of analytical and experiential self-focus on stress-induced cognitive reactivity in eating disorder psychopathology

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ABSTRACT

Previous research suggests distinct modes of self-focus, each with distinct functional properties: Analytical self-focus appears maladaptive, with experiential self-focus having more adaptive effects on indices of cognitive-affective functioning (e.g., Watkins, Moberly, & Moulds, 2008). The authors applied this framework to eating disorder (ED) psychopathology and manipulated the mode of self-focus prior to exposure to a stressor (imagining eating a large meal; Shafran, Teachman, Kerry, & Rachman, 1999). Study 1 showed that students high in ED psychopathology reported lower post-stressor feelings of weight or shape change and less subsequent attempts to neutralise (e.g., imagining exercising) after experiential relative to analytical self-focus. Study 2 found that partially weight restored patients with anorexia nervosa had lower post-stressor estimates of their own weight and reported lower urge to cancel stressor effects following experiential compared to analytical self-focus. Experiential self-focus was also followed by less neutralisation than analytical self-focus. Results suggest that the mode of self-focus affects cognitive reactivity following a stressor in individuals with ED psychopathology. Examining the mode within which individuals with ED psychopathology focus on self and body may raise important implications for understanding of psychopathology and open new possibilities for augmenting current treatments.

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Introduction

Much of mental experience is concerned with focussing on physical and psychological aspects of self. As the literature on cognitive biases in psychological disorders exemplifies (e.g., Mathews & MacLeod, 2005), there are differences between individuals in the subject of this mental activity. An emerging body of research has also highlighted differences in the way self-focus is engaged in, besides differences in its content. This research has raised the critical idea that it is not sufficient to consider self-focus as a single, monolithic state but that it may be necessary to discriminate between different types of self-focus. In particular, investigation of ways one can direct attention to subjective experience has suggested a distinction between two modes of self-focus: analytical/ruminative vs. experiential (Teasdale, 1999; Watkins & Teasdale, 2001, 2004).

Analytical self-focus (sometimes also referred to as conceptual-evaluative or abstract self-focus) is characterised by ‘thinking about’ the self, one’s emotions and body. In this mode of processing a focus on discrepancies between current and desired states, and their evaluation, is a prominent feature. Attention is often directed to the self in relation to the past or future. In contrast, *experiential self-focus* (also referred to as concrete self-focus) is characterised by direct, non-evaluative attention to present-moment subjective states (thoughts, feelings, sensations). These are experienced in their “raw” state as they occur and are not elaborated upon. Whereas the former corresponds to a narrative-based, conceptual mode of processing self-material (e.g., “Why do I feel this way” or “What does this mean?”), the latter corresponds to a sensory-based, mindful mode of processing characterised by focus on mental or bodily experience itself in its entirety (e.g., “How does this feel, right now?”).

Analytical and experiential self-focus can be seen as different ways of processing self-referent information. It has been suggested that under conditions of negative and relatively undifferentiated self-representations, and where there is a discrepancy between current and desired mental or physical states, self-focus can become maladaptive (Barnard, 2004; Carver, Lawrence, & Scheier, 1999; Carver & Scheier, 1990; Greenberg & Pyszczynski, 1986;

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Watkins, 2008). Specifically, such circumstances are postulated to stimulate sustained ruminative/analytical processing activity on negative cognitive-affective content, reinforcing their elaboration, which in turn is thought to contribute to the establishment of self-perpetuating processing cycles (Teasdale & Barnard, 1993). This suggests that the particular quality of self-focused attention may be central to emotional processing, particularly at times of distress (Teasdale, 1999).

Emotional processing is described as a process whereby emotional disturbances are absorbed and decline to the extent that other experiences and behaviour can proceed without disruption (Rachman, 1980). It has been suggested that analytical and experiential self-focus are mutually exclusive 'modes of mind' that influence the level of emotional processing that takes place (Teasdale 1999; Williams, 2008). In the analytical mode, the continued conceptual-evaluative processing of emotional material is likely to maintain emotional disturbances. On the other hand, the experiential mode disengages individuals from such patterns of thinking that fuel dysfunctional self-evaluation. At the same time, in the absence of conceptual-evaluative processing, sustained experiential processing of emotional material enables emotional and behavioural change by fostering non-reactive engagement, exploration and awareness. Thus, whereas the analytical mode is expected to impede effective emotional processing, the experiential mode is expected to facilitate such processing (Teasdale, 1999).

These theoretical ideas have received increasing support from studies that manipulate the mode of processing experimentally. An analytical mode of self-focus has been induced by instructing participants to "think about the *causes, meanings, and consequences* of their thoughts and feelings". An experiential mode of self-focus can be induced by instructing participants to "focus attention on the *experience* of their thoughts and feelings" thus encouraging direct moment-to-moment focus (e.g., Watkins & Teasdale, 2004). Several experimental studies, primarily with depressed samples, support the hypothesis that the particular mode of processing adopted during self-focus differentially affects its cognitive and emotional consequences. For example, manipulating the mode of self-focus influences autobiographical memory specificity, problem-solving ability, and emotional recovery from a laboratory-induced negative event, where relative to analytical self-focus, experiential self-focus has more adaptive effects (Sanders & Lam, 2010; Watkins, 2004; Watkins & Moulds, 2005; Watkins & Teasdale, 2004).

Park and Barnard (2006), Park, Dunn, and Barnard (in press) have recently applied these ideas to Eating Disorder (ED). Park et al.'s account focuses on the mental processing activity underlying cognitive-affective content and thus emphasises not only the thoughts, feelings and bodily experiences that occur in eating psychopathology, but also *how* people relate to these experiences. A key feature of this framework is the suggestion that analytical thinking is characteristic of ED, in particular Anorexia Nervosa (AN), and contributes to the maintenance of core ED psychopathology. For example, analytical processing in the form of persistent self-evaluation in terms of eating, weight or shape reinforces the centrality of self-control. A relative absence of bodily and emotional experience is a consequence of analytical processing, as conceptual representations of the body are at the forefront (that is, *thoughts about* rather than *experiences of* the body). This effect may be particularly potent given the ego-syntonic nature of EDs, whereby individuals are motivated to control emotions and body weight.

This account predicts that shifting individuals away from an analytical into an experiential mode of processing will interrupt ruminative thinking and provide an opportunity for the direct processing and integration of bodily and emotional cues that were previously avoided. In this way, the experiential mode may foster

emotional change and modifications in self-representations such that they are less likely to perpetuate negative processing cycles. In sum, Park et al.'s (in press) account predicts that an analytical mode of processing contributes to the maintenance of maladaptive cognitions, feelings and behaviours in EDs, whereas encouraging an experiential mode may allow for attenuation of such concerns by facilitating more effective emotional processing.

There are several reasons to suggest that it may be useful to think about EDs from a mode of processing perspective. It is known that core ED psychopathology involves preoccupation with self, particularly with eating, weight and shape concerns and their control (Fairburn, Cooper, & Shafran, 2003; Fairburn, Shafran, & Cooper, 1998). Moreover, ED-related concepts are of central importance to these individuals' sense of self (Cooper & Hunt, 1998; Cooper & Turner, 2000; Rawal, Park, & Williams, 2010). Self- and body-dissatisfaction are common in EDs (e.g., Shafran, Cooper, & Fairburn, 2002) and indicate the presence of self-ideal discrepancies. Maladaptive self-representations in EDs may thus set the stage for sustained analytical processing activity.

There is evidence to suggest that analytical self-focus is common in EDs. Analytical processing involves conceptual/evaluative *thinking*, which necessarily removes the person from sustained direct experience. Rumination – an abstract style of repetitive thinking about generic aspects of self-experience – and avoidance/suppression of direct experiential states are seen as key markers of an analytical mode of processing (Teasdale, 1999; Williams, 2008). Studies have shown that individuals with ED-concerns score higher on both measures of rumination (particularly brooding which is often associated with maladaptive cognitive-affective consequences) and experiential avoidance compared to healthy controls even after controlling for depression and anxiety levels (Rawal et al., 2010; see also Wildes, Ringham, & Marcus, 2010). Clinical interviews reveal that patients with EDs ruminate about life events and attempt to control internal experiences (Serpell, Treasure, Teasdale, & Sullivan, 1999; Troop, Holbrey, & Treasure, 1998). This is line with research that shows reduced awareness of emotional and bodily states in EDs (Gilboa-Schechtman, Avnon, Zubery, & Jeczmierni, 2006; Kucharska-Pietura, Nikolaou, Masiak, & Treasure, 2004; Wagner, Ruf, Braus, & Schmidt, 2003). Avoidance shows some overlap with thought suppression, and associations between rumination, suppression and ED psychopathology have been reported (Aldao & Nolen-Hoeksema, 2010). Moreover, results from Rawal et al. (2010) also indicate that ED psychopathology is associated with positive beliefs about rumination. Such beliefs are positively correlated with vulnerability, frequency and intensity of rumination (Moulds, Yap, Kerr, Williams, & Kandris, 2010; Papageorgiou & Wells, 2009).

Both rumination and avoidance have been associated with increased cognitive and emotional dysfunction (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996; Nolen-Hoeksema & Morrow, 1993; Spasojevic & Alloy, 2001) and such tendencies are also correlated with the onset and maintenance of abnormal eating behaviours (Lyubomirski, Casper, & Sousa, 2001; Nolen-Hoeksema, Stice, Wade, & Bohon, 2007). Finally, teaching self-awareness based on principles of experiential processing is associated with improvements in self- and body-acceptance in patients with EDs (Rawal, Enayati, Williams, & Park, 2009).

The aim of the current investigation was to test the prediction of Park et al. (in press) that analytical as compared to experiential processing plays a role in maintenance of symptoms in individuals with ED psychopathology. Specifically, we sought to test whether prior manipulation of the mode of processing differentially affected cognitive reactivity to an ED-specific stressor (imagining eating a large, fattening meal) independent of differential effects on mood. Reactivity to specific vulnerability-provoking situations is strongly

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