



Discrepancies between implicit and explicit self-esteem among adolescents with social anxiety disorder

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ABSTRACT

Background and objectives: Previous studies have found high implicit self-esteem (ISE) to prevail concurrently with low explicit self-esteem (ESE) in socially anxious adults. This suggests that self-esteem discrepancies are associated with social anxiety disorder (SAD). Given that the onset of SAD often occurs in adolescence, we investigated self-esteem discrepancies between ISE and ESE in adolescents suffering from SAD.

Methods: Two implicit measures (Affect Misattribution Procedure, Implicit Association Test) were used both before and after a social threat activation in 20 adolescents with SAD (14–20 years), and compared to 20 healthy adolescents who were matched for age and gender. The Rosenberg Self-Esteem Scale, the Social Cognitions Questionnaire and Beck Depression Inventory were administered as explicit measures. We expected discrepant self-esteem (high ISE, low ESE) in adolescents with SAD, in comparison to congruent self-esteem (positive ISE, positive ESE) in healthy controls, after social threat activation.

Results: Both the patient and control groups exhibited high positive ISE on both implicit measures, before as well as after social threat induction. Explicitly, patients suffering from SAD revealed lower levels of ESE, compared to the healthy adolescents.

Conclusions: This study is the first to examine ISE and ESE in a clinical sample of adolescent patients with SAD. Our results suggest that SAD is associated with a discrepancy between high ISE and low ESE, after a social-threat manipulation. The findings are discussed in relation to other studies using implicit measures in SAD and may provide a more comprehensive understanding of the role of self-esteem in adolescent SAD.

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1. Introduction

According to cognitive models of social anxiety disorder (SAD, Clark & Wells, 1995; Rapee & Heimberg, 1997), dysfunctional self-views play an important role in the maintenance of the disorder among adults and adolescents (de Hullu, de Jong, Sportel, & Nauta, 2011). Specifically, negative self-views contribute to a discrepancy between perceptions of the self and of others' standards, ultimately leading to an increased fear of negative evaluation. Cognitive models of SAD assume that unconditional dysfunctional self-views are activated only when within social situations and are therefore considered unstable (Tanner, Stopa, & De Houwer, 2006).

Due to their prominent role in maintaining SAD, previous studies have examined negative self-views, and specifically self-esteem among socially anxious adults (e.g., de Jong, 2002; Tanner

et al., 2006). An important distinction is made in the literature between implicit (ISE) and explicit self-esteem (ESE). ESE refers to self-esteem of which the individual is consciously aware, whereas ISE is assumed to capture self-views of which the individual is unaware (Greenwald & Farnham, 2000), and are therefore not biased by self-representational tendencies (Paulhus, 2002). Thus, in order to obtain a comprehensive picture, it is important to examine both types of self-esteem among individuals with SAD (Buhrmester, Blanton, & Swann, 2011).

Findings on implicit and explicit self-esteem in adult social anxiety seem to be partly at odds with the assumption of negative self-views in SAD, provided by cognitive theories (e.g., Clark & Wells, 1995; Roefs et al., 2011). Although not stated explicitly, from a cognitive perspective, self-esteem would be predicted to be negative in SAD. However, discrepant self-esteem (that is, simultaneously displaying high ISE and low ESE) has been reported in several studies on social anxiety. For instance, de Jong (2002) showed that high socially anxious women yield positive ISE in the Implicit Association Test (IAT, Greenwald, McGhee, & Schwartz,

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1998), in contrast to negative ESE. Tanner et al. (2006) included a social threat activation (being told to give a speech) in order to investigate ISE in high and low socially anxious adults with the IAT, while controlling for depressive symptoms. The social threat activation was intended to activate negative self-views that are typical for social anxiety. Again, Tanner et al. found positive ISE in high socially anxious participants, which was less positive than that found in low socially anxious controls. Differences were found in ESE, which was significantly lower among high socially anxious individuals.

A possible explanation for the diverging findings of high ISE and low ESE in social anxiety pertains to current dual-process models of self-esteem (e.g., Bosson, Brown, Zeigler-Hill, & Swann, 2003; Strack & Deutsch, 2004). According to these models, ISE and ESE reflect distinct, but associated constructs. ESE refers to beliefs or reflective processes, whereas ISE is related to impulsive affect-driven associative processes (e.g., Strack & Deutsch, 2004). Thus, these distinct processes may lead to discrepancies between ISE and ESE. The two studies on self-esteem in adult social anxiety, as well as on self-esteem in other disorders (Cockerham, Stopa, Bell, & Gregg, 2009; De Raedt, Schacht, Franck, & De Houwer, 2006; Franck, De Raedt, & De Houwer, 2008), support the relationship between self-esteem discrepancies and psychopathology. For instance, an investigation by Vater, Schröder-Abé, Schütz, Lammers, and Roepke (2010) revealed that self-esteem discrepancies are related to symptom severity in borderline personality disorder. According to Schröder-Abé, Rudolph, and Schütz (2007), and Schröder-Abé, Rudolph, Wiesner, and Schütz (2007), the combination of simultaneously exhibiting high ISE and low ESE is termed *damaged self-esteem*.

Empirical evidence on discrepant or damaged self-esteem in adolescent social anxiety is sparse. This is surprising, since adolescence is a vulnerable period for the development of SAD (Wittchen & Fehm, 2003). Thus, examining the role of ISE and ESE within this age range should enhance our understanding of adolescent SAD. To our knowledge, only one analogue study has so far examined the role of negative self-esteem in socially anxious adolescents (de Jong, Sportel, de Hullu, & Nauta, 2011). In contrast to the self-esteem discrepancies found in the studies on adult social anxiety, this study reported a significant association between low ISE and social anxiety only for high socially anxious girls with very low levels of ESE. However, due to the nature of the sample, it remains unclear to what extent damaged self-esteem is related to adolescent SAD.

Previous studies of self-esteem in social anxiety have used analogue samples rather than clinical ones (e.g., Tanner et al., 2006). In the present study however, we examined a sample of adolescents suffering from SAD. In addition, prior studies administered only a single implicit measure of self-esteem, the IAT (Roefs et al., 2011). By contrast, we used a novel implicit paradigm (Affect Misattribution Procedure, AMP, Payne, Cheng, Govorun, & Stewart, 2005) in addition to the IAT. The AMP is a promising implicit measure, which relies on intuitive affective judgments that correspond to everyday decision-making (Witthöft, Basfeld, Steinhoff, & Gerlach, 2011). This makes it particularly suitable for assessing automatic affect-driven ISE in SAD. An additional advantage is that it does not require working memory load, which has been shown to inhibit negative emotional processing (Van Dillen & Koole, 2007; Witthöft et al., 2011).

In the present study, we used two implicit measures (AMP, IAT) and one explicit measure to examine self-esteem discrepancies after a social-threat-activation among adolescents both with SAD and without it, namely healthy adolescents. Since depression is a frequent comorbid condition in SAD among adolescents and young adults (Wittchen & Fehm, 2003), we controlled for

depressive symptoms throughout all the analysis. Our central hypothesis was that adolescents with SAD would yield evidence of *damaged self-esteem* (high ISE, low ESE), compared to healthy controls, following the social threat activation. The latter would reveal a congruent self-esteem pattern (high ISE, high ESE). We also hypothesized that, after the activation of social threat, adolescents with SAD would display significantly lower ESE scores, in comparison to healthy controls. Finally, for adolescents with SAD, we expected the reactions on the AMP and IAT to correlate only weakly with explicit measures of self-esteem.

2. Method

2.1. Participants

2.1.1. SAD group

Twenty adolescent patients suffering from SAD according to DSM-IV (American Psychiatric Association, 2000), were recruited in our specialized outpatient centre. They had been referred by their local psychiatrist or psychologist. DSM-IV diagnoses were established before study intake, by a trained and clinically experienced rater, using the Schedule for Affective Disorders and Schizophrenia for School-Age Children-present and lifetime version (K-SADS-PL; Kaufmann et al., 1997). SAD needed to be the primary diagnosis. The K-SADS-PL is a suitable semi-structured interview for assessing psychiatric disorders according to DSM-IV in children and adolescents (Ambrosini, 2000). The mean age of patients was $M_{\text{age}} = 17.5$ years ($SD = 2.09$, range: 14–20, 13 women). Eight patients had a comorbid axis I disorder (25% other anxiety disorder, 75% mood disorder). Exclusion criteria were current psychotic disorder, substance-related disorders, post-traumatic stress disorder, suicidal ideation, psycho-pharmacological treatment, knowledge of the Chinese language (for explanation see measures) and absence of appropriate corrective eyesight.

2.1.2. Control group

The control group participants ($n = 20$) were recruited by means of local advertisements and notice boards and were matched to the SAD group for gender and age. They underwent K-SADS-PL interviews by the same trained and experienced clinical psychologist, to ensure that they did not suffer from any axis I disorder according to DSM-IV. Exclusion criteria for the healthy group were knowledge of Chinese language and absence of appropriate corrective eyesight.

2.2. Implicit measures and explicit measures

2.2.1. Affect Misattribution Procedure (AMP – Payne et al., 2005)

The AMP is an implicit computer-based paradigm, in which subjects are exposed supraliminally to positive or negative primes. They are instructed to ignore the prime, but instead to rate the pleasantness of a following ambiguous target (a Chinese pictograph), without being influenced by the prior prime. It is suggested that participants misattribute their affective reaction from the prime to the Chinese character, despite the intention to ignore it (Oikawa, Aarts, & Oikawa, 2011; Payne, Hall, Cameron, & Bishara, 2010). Thus, following a positive (negative) prime, subjects will rate the character as more pleasant (unpleasant) than average. The dependent variable is the mean pleasantness rating of the pictographs for each prime type condition. The AMP is a widely used, valid and reliable task (internal consistencies Cronbach's $\alpha = .86-.90$; Payne et al., 2005) for measuring implicit attitudes in psychopathology (e.g., Payne, Govorun, & Arbuckle, 2008; Payne, McClernon, & Dobbins, 2007; Witthöft et al., 2011).

For this study, the original AMP was adapted for the assessment of ISE. It consisted of nine exercise trials with neutral words and 24

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