



Changes in post-event processing and metacognitions during cognitive behavioral group therapy for social phobia

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ABSTRACT

This study examined changes in post-event processing (PEP), metacognitions, and symptoms of social anxiety and depression following cognitive behavioral group therapy for social phobia ($N = 61$). Social anxiety, depression symptoms and PEP all significantly reduced following treatment. Reductions in PEP were associated with reductions in symptoms of social anxiety, but not depression. Metacognitions were also less strongly endorsed following treatment, with the exception of positive metacognitions. Interestingly, however, changes in metacognitions were generally associated with reductions in depression and not social anxiety. Theoretical and clinical implications as well as future research directions are discussed.

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1. Introduction

Social phobia is characterized by persistent fears of negative evaluation in social interactions and performance situations (American Psychiatric Association, 2000). Contemporary cognitive models argue that post-event processing (PEP) significantly contributes to the maintenance of social phobia (Clark & Wells, 1995; Rapee & Heimberg, 1997). PEP occurs when people with social phobia engage in a detailed review or “post-mortem” of their thoughts, feelings, and performance following social situations. This information is often highly negative because attentional biases lead people with social phobia to focus on internal sensations and thoughts that reinforce negative self-appraisals, and distort or neglect external information in a way that further reinforces negative self-perceptions. PEP may also involve recollections of past failures and promote anticipation of future failures, thereby increasing anxiety and further entrenching beliefs about inadequacy. This paper attempts to further explore the nature of PEP and the potential mechanisms that underlie it.

Studies exploring the nature and consequences of PEP support cognitive models (Clark & Wells, 1995; Rapee & Heimberg, 1997).

Research demonstrates that PEP is positively correlated with social anxiety and leads to avoidance of similar social interactions (Edwards, Rapee, & Franklin, 2003; Lundh & Sperling, 2002; Mellings & Alden, 2000; Rachman, Gruter-Andrew, & Shafan, 2000). Regarding the content of PEP, Kocovski, Endler, Rector, and Flett (2005) found that socially anxious students engaged in more negative thoughts and more ‘upward counterfactual’ thinking (‘if only’ thoughts about how things could have been) during PEP compared to low-anxiety students. Furthermore, other studies of socially anxious students have found that PEP leads to greater recall of negative self-relevant information (Mellings & Alden), as well as increasing negative memories about past social failures (Field & Morgan, 2004). However, not all studies find recall biases (Edwards et al., 2003), and research regarding PEP in clinical populations is limited.

Research has also examined predictors of PEP. In a study comparing people with social phobia to nonanxious controls, Abbott and Rapee (2004) found that engagement in PEP was best predicted by social anxiety symptoms and self-appraisals of performance following an impromptu speech task. Interestingly, Perini, Abbot, and Rapee (2006) found that negative self-appraisals during an impromptu speech mediated the relationship between social anxiety and PEP. In student samples, Fehm, Schneider, and Hoyer (2007) reported that the degree of PEP after an anxiety-provoking situation predicted subsequent PEP in similar social situations. Fehm et al. also reported that fear of negative evaluation

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best predicted PEP, with PEP being more extensive after social events compared to phobic events (despite comparable levels of anxiety during social and phobic situations). Phobic events in this study included specific objects or situations triggering anxiety that were not related to a fear of negative evaluation (e.g., blood, heights, dentists). Also in student samples, Kocovski and Rector (2007) found that PEP was predicted by social anxiety and rumination about anxiety symptoms, but not by anxiety sensitivity. Although these studies lend support to cognitive models of social phobia, the assessment of PEP has generally been restricted to specific experimental tasks, rather than across multiple naturalistic social situations. The one clinical study to do so found that PEP was best predicted by state anxiety (i.e., intensity of anxiety experienced within specific social situations), while general measures of social anxiety symptoms did not significantly relate to PEP (McEvoy & Kingsep, 2006).

An interesting finding was the consistent correlation between depression and PEP, although like other studies depression was not a unique predictor of PEP (Abbott & Rapee, 2004; Fehm et al., 2007; Perini et al., 2006; Rachman et al., 2000). Investigating the relationship between PEP and depression is an additional avenue for research given the high prevalence of depression in people with social phobia (Mineka, Watson, & Clark, 1998), as well as the fact that depression is strongly associated with other forms of repetitive thinking, such as rumination (Papageorgiou & Wells, 2003). In fact, repetitive negative thinking (RNT), of which PEP and rumination are examples, has been identified as a transdiagnostic cognitive process that is characteristic of a range of psychopathologies (Ehring & Watkins, 2008; Harvey, Watkins, Mansell, & Shafran, 2004). There is evidence that worry and rumination are similar in content and process (Watkins, Moulds, & Mackintosh, 2005) and, as another form of RNT within the context of social phobia, it is plausible that PEP also shares features with both rumination and worry.

Few studies have examined changes in PEP following treatment. If PEP is associated with the maintenance of social phobia, PEP should reduce following cognitive behavioral therapy (CBT), which is an effective treatment for social phobia (Bulter, Chapman, Forman, & Beck, 2006). In the only treatment study to date, Abbott and Rapee (2004) found that PEP did significantly reduce following CBT, although treatment did not explicitly focus on the modification of PEP. It was reported that changes in PEP resulted from reductions in social anxiety and negative self-appraisal. Again, the PEP measure in this study only related to a specific speech task, rather than to various social situations relevant to each individual. This issue is particularly important in light of evidence that public speaking anxiety might be a subtype of social anxiety that is not necessarily representative of situations feared by individuals with specific or generalized social phobia (Blöte, Kint, Miers, & Westenberg, 2009).

A further area of importance involves understanding other cognitive factors associated with PEP. Consistent with Wells and Matthews' (1996) Self-Regulatory Executive Function (S-REF) model, metacognitions may impact on engagement in PEP, given that they contribute to the development and maintenance of other disorders involving recurrent and distressing thinking, such as generalized anxiety disorder (GAD; Ruscio & Borkovec, 2004; Wells & Carter, 2001), obsessive compulsive disorder (OCD; Wells & Papageorgiou, 1998), posttraumatic stress disorder (PTSD; Holeva, Tarrier, & Wells, 2001), depression (Papageorgiou & Wells, 2003), and psychosis (Morrison & Wells, 2003). Metacognitions involve beliefs or appraisals about thinking and are said to guide the way a person attends to, perceives, and processes their thoughts, as well as their subsequent actions and coping behaviors (Wells, 2000; Wells & Matthews, 1996). For instance, in the case of GAD, Wells (2000) and Wells and Carter (2001) suggest that positive metacognitions

(e.g., worrying helps me to avoid problems in the future) motivate engagement with worry, while negative metacognitions (e.g., when I start worrying I cannot stop) maintain the ruminative cycle. In the same way, it is plausible that metacognitions influence engagement with, and the maintenance of, PEP in social phobia. Indeed, empirical studies have suggested that while some socially anxious individuals experience PEP as ultimately calming and helpful (Field & Morgan, 2004; Rachman et al., 2000), others find that it leads to further anxiety and distress (Abbott & Rapee, 2004). Wells (2007) suggests that therapists working with socially anxious patients should explore the advantages and disadvantages of PEP during therapy. This therapeutic strategy allows the therapist to elicit and challenge positive metabeliefs such as "PEP helps me to work out what I did wrong," which may be maintaining the process.

Despite this, however, few studies have investigated metacognition in social phobia. Wells and Carter (2001) found that people with social phobia report significantly more metacognitive beliefs about worry than non-clinical controls, but less than those with GAD and depression. Dannahy and Stopa (2007) explored differences in metacognition for students with high and low social anxiety. The study examined two dimensions of metacognition; cognitive self-consciousness (the tendency to monitor thought processes) and uncontrollability of thoughts (beliefs that thoughts are uncontrollable and that thinking assists problem solving). Anxious students most strongly endorsed beliefs associated with self-consciousness and uncontrollability of thoughts, although they were no different from controls in terms of problem-solving beliefs. While these studies indicate the potential role of metacognitive beliefs in perpetuating social anxiety, further research is required to examine a broader range of metacognitive beliefs, and to explore the relationships between metacognition, PEP, and social anxiety. Moreover, we are not aware of any previous research examining changes in metacognitive beliefs following CBT for social phobia.

The aim of the current paper is to explore relationships between social anxiety, PEP, depression, and metacognitions in a clinical sample with social phobia. Relationships will be examined across the course of CBT in order to better understand mechanisms of change and inform models of social phobia. Consistent with cognitive behavioral models of social phobia (Clark & Wells, 1995; Rapee & Heimberg, 1997), the first hypothesis is that PEP will reduce following CBT for social phobia, and that these reductions will be associated with improvement in symptoms of social anxiety and depression. Consistent with the S-REF model, the second hypothesis is that positive and negative metacognitions will be less strongly endorsed following treatment, and that these reductions will also be associated with symptom relief and less PEP.

2. Method

2.1. Participants

Participants ($N = 61$) were individuals with social phobia (34.4% women) who completed a course of cognitive behavioral group therapy (CBGT) at a community-based anxiety disorders clinic. Mean age was 30.92 years ($SD = 9.50$). Diagnoses of social phobia were initially made during a clinical assessment with a consultant psychiatrist and were then confirmed in a subsequent interview by a clinical psychologist. The clinical psychologists used a standard interview form containing questions designed to detect the presence of DSM-IV diagnostic criteria for social phobia, in addition to questions about specific cognitions and behaviors to assist with case formulation. All participants identified social phobia as their primary problem at the time of assessment. Participants were not offered CBGT, and thus were excluded from

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