Examining temporal alterations in Social Anxiety Disorder and Posttraumatic Stress Disorder: The relation between autobiographical memory, future goals, and current self-views

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A R T I C L E  I N F O

Keywords:
- Autobiographical memory
- Self-views
- Social anxiety disorder
- PTSD
- Future thinking

A B S T R A C T

The self is a multi-faceted and temporally dynamic construct reflecting representations and beliefs about identity in the past, present, and future. Clinical studies have shown that individuals with Posttraumatic Stress Disorder (PTSD) and Social Anxiety Disorder (SAD) exhibit alterations in self-related processing but these studies have focused primarily on memory. Few studies in PTSD and SAD have examined self-related processing for the present and future, and no studies have directly compared these processes across these two disorders. Individuals diagnosed with PTSD (n = 21), SAD (n = 21), and healthy controls (n = 21) completed cognitive tasks related to the past, present, and future. Disorder congruent temporal alterations were found across both disorders. Further, regression analyses revealed that trauma-related memories were significantly predicted by future goals related to the trauma, whereas social anxiety-related recall was predicted by current socially anxious self-views. Thus, although self-related processing may be common in PTSD and SAD, those aspects of the self most strongly associated with disorder-congruent recall differ by disorder. Self-alterations may be modifiable and developing a better understanding of past, present, and future self-processing might aid in the development of interventions that target these process.

1. Introduction

A sense of self has been conceptualized as a set of mental processes that supports individuality and coherence (Damasio, 2003; Harré, 1998). As famously characterized by James (1890) and expanded upon by many others (for a review see Prebble, Addis, & Tippett, 2013) the self is, in part, comprised of knowledge, beliefs, and representations that extend beyond the present, and how one constructs a sense of self is associated with well-being across the lifespan (Fivush, Haden, & Reese, 2006; McAdams, 1993; Ross & Wilson, 2003).

Recently, Prebble et al. (2013) posited a Sense of Self framework (2013) in which they delineate the sense of self along two dimensions: the subjective (consciousness) versus objective (self-views) and the present versus temporally extended self (past, present, and future). Moreover, Stopa (2009) has posited that the self can be studied along three dimensions: ‘content’ (information and representations about the self), ‘process’ (the allocation of self-related information), and ‘structure’ (how the self is organized). Central to the characterization of anxiety and stress-related disorders is the presence of maladaptive beliefs about one’s self in the past, present, and future in relation to feared stimuli, and treatments often focus on the modification of such self-beliefs (e.g. Beck, 1976). Therefore, in line with the frameworks of both Prebble et al. (2013) and Stopa (2009), an understanding of alterations in the content of the extended sense of self may play an important role in the pathogenesis of anxiety and stress-related disorders.

In fact, cognitive models of both Posttraumatic Stress Disorder (PTSD) and Social Anxiety Disorder (SAD) emphasize the role of the self in the trajectory of these disorders. For example, cognitive models of
PTSD suggest that maladaptive appraisals of one’s past, present and future increase one’s vulnerability to PTSD onset and the maintenance of symptoms (e.g., Ehlers & Clark, 2000). In particular, such models posit that maladaptive self-appraisals in line with PTSD symptomatology increase the accessibility of trauma-related memories and lead to the selective retrieval of memories associated with trauma in a way that in turn reinforces one’s maladaptive self-views. Similarly, studies using the Centrality of Event Scale, a self-report measure assessing the extent to which people believe the trauma is central to their life-story, is positively correlated with PTSD symptom severity (e.g., Rubin, 2006, 2007; Rubin, 2006, 2007). Rubin, Berntsen, and Bohni (2008) have theorized that the more a person uses the trauma as a lens through which they view the past, present, and future, the more likely they will retrieve memories associated with the trauma.

Cognitive models of SAD have similarly emphasized the role of the self (Gregory, Peters, & Rapee, 2017). For example, models of SAD propose that individuals with SAD construct maladaptive internal representations based on their feared expectations of an (imagined) audience (Clark & Wells, 1995; Heimberg, Brozovich, & Rapee, 2010; Rapee & Heimberg, 1997). Such models propose that it is these biased self-representations that impair a person with SAD to integrate feedback from others in social situations, which in turn, motivates socially-anxious behaviors and processes and prevents them from updating maladaptive self-views. Related cognitive models of SAD have also emphasized self-discrepancies between actual, other, and ought selves in SAD (Hofmann, 2007), as well as a core set of fears related to the self such as flaws in one’s appearance, personality, and social abilities (Moscovitch, 2009). Moreover, these self-related processes are also thought to impact on selective retrieval of autobiographical memories related to social anxiety (e.g., of negative social evaluation; Clark & Wells, 1995; Rapee & Heimberg, 1997).

In sum, disorder-congruent autobiographical recall appears to be a central process in PTSD and SAD. Yet, less is known about the self-related processing that supports this selective recall. Overall, although theoretical and experimental studies of the self have been conducted in PTSD and SAD, there remains a lack of research identifying shared mechanisms and risk factors underlying autobiographical recall in both PTSD and SAD. More broadly, initiatives such as the National Institute of Mental Health’s (NIMH) Research Domain Criteria (RDOC, Cuthbert & Insel, 2013) emphasize the importance of identifying neuropsychological, affective, and cognitive processes that underlie anxiety and stress-related psychopathology. In addition, although treatments such as CBT have been shown to be effective for PTSD and SAD, a significant minority of individuals diagnosed with these disorders do not benefit from current interventions (e.g., Craske & Mystkowski 2006; Mayo-Wilson et al., 2014; Rapee, Gaston, & Abbott, 2009). As such, identifying maladaptive self-related processes in autobiographical recall may help to better inform or increase the efficacy of current therapeutic approaches (e.g., Kozin, 2007).

Cognitive models of autobiographical memory offer a useful framework for examining how individuals with PTSD and SAD view themselves in the past, present, and future. Autobiographical memories represent a subgroup of long-term episodic and semantic memories that comprise events deemed central to one’s life story. In particular, Conway and colleagues (Conway, 2005; Conway & Pleydell-Pearce, 2000) created the Self-Memory-System (SMS) model that emphasizes the highly interrelated constructs of autobiographical memory and the self. In this model there is strong congruency between the memory and the self. That is, one’s self, including attitudes and beliefs, may change to be consistent with autobiographical knowledge. In addition, the accessibility and content of autobiographical memories may be constructed to be consistent with the current and anticipated future needs of the self. Furthermore, Conway and Pleydell-Pearce (2000) propose that autobiographical memories are retrieved within the context of a self-memory-system (SMS) to support the ‘working self’, which involves active representations of one’s current self-views and future goals. Conway (2005) argues that the working self may inhibit or facilitate the recall of autobiographical memories that are discrepant or may threaten held views of the self.

Therefore, according to the SMS, maladaptive beliefs about one’s self may increase the accessibility of memories that support the fears of that individual (e.g. in SAD: times in the past when they felt rejected by others; in PTSD: the traumatic event in the past). Empirical research with PTSD patients and socially anxious students appears to support the SMS model in that when these individuals are asked to recall autobiographical memories, they are more likely than controls to generate content in line with their disorder or fears (e.g. trauma-related memories in PTSD; memories of social evaluation in social anxiety; Bryant, 2005, 2008; Bryant, 2005, 2008; Krans, De Bree, & Bryant, 2013). This has not been tested yet for SAD patients, however.

Importantly, the SMS suggests that current self-views and future goals also contribute to self-identity, and in turn, shape the content and accessibility of autobiographical memory. Although current self-appraisals have been studied in PTSD and SAD (e.g., Ehlers & Clark, 2000; Hofmann, 2007; Ng, Abbott, & Hunt, 2014), less is known about how potential biases for current and future self-processes relate to memory within these disorders. For example, in the study by Sutherland and Bryant (2008) traumatized participants with or without PTSD were asked to complete an autobiographical memory test and an assessment of self-discrepancy (i.e., the discrepancy between one’s current and ideal or ought view of the self). They found that those with PTSD were more likely to demonstrate a discrepancy between their actual self and ideal self. Additionally, there was a positive correlation between the strength of this discrepancy and the number of trauma memories generated during the autobiographical memory test, suggesting that, in line with the SMS model, current self-views and memories are a related process.

Similarly, individuals with SAD have shown alterations in self-views. A recent synthesis of these studies has shown that alterations in self-views have been studied using a variety of methods and such maladaptive self-views appear to increase levels of anxiety among socially-anxious individuals (for a review, see: Ng et al., 2014). In one study on autobiographical memory recall, Krans et al. (2013) found that discrepancies between one’s current self and ideal self were higher in social anxious university students and these discrepancies were associated with congruent autobiographical memory recall, in which students high in social anxiety were more likely to recall memories associated with feared social situations.

With regard to the extended self in the future, the SMS model would predict that future goals would be constructed in line with one’s current symptomatology. To date, few studies have examined whether future goals are altered in PTSD and SAD. Sutherland and Bryant (2005) administered a future goals task and found that those with PTSD were more likely to generate goals that incorporated trauma than traumatized non-PTSD controls. In a similar line of research, Krans et al. (2013) found that university students high in social anxiety were more likely to identify goals reflecting socially-fearsed situations. This has not been verified in clinical SAD patients yet.

Taken together, disorder-congruent autobiographical recall appears to be a problematic and central mechanism according to cognitive models of PTSD but also SAD. Moreover, current evidence-based treatments are effective but a significant minority of patients does not benefit. Therefore it is important to study factors that influence core mechanisms such as autobiographical memory, in order to strengthen interventions. The main aims of this study were therefore (1) to assess whether the disorder-congruent bias found in autobiographical memory can be observed in other temporal frames (current self-views and future goals) for PTSD and SAD, (2), to compare whether these biases emerge to a similar extent across both PTSD and SAD, and (3) to determine which components (present and future) are most strongly associated with selective autobiographical recall of trauma or situations of (negatively interpreted) social evaluation. The SMS model would posit that
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