



Review

Changes in the self during cognitive behavioural therapy for social anxiety disorder: A systematic review



Bree Gregory *, Lorna Peters

Centre for Emotional Health, Department of Psychology, Macquarie University, NSW 2109, Australia

HIGHLIGHTS

- Cognitive models of social anxiety disorder (SAD) emphasise the central role of the self in maintaining the disorder.
- Examined whether self-constructs change during or following cognitive-behavioural therapy for SAD.
- Pre- to post-treatment reductions were observed. Few studies examined whether change mediated treatment outcome.
- Change in self-content and self-related processing were the most widely examined. No paper examined change in self-structure.

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ABSTRACT

A consistent feature across cognitive-behavioural models of social anxiety disorder (SAD) is the central role of the self in the emergence and maintenance of the disorder. The strong emphasis placed on the self in these models and related empirical research has also been reflected in evidence-based treatments for the disorder. This systematic review provides an overview of the empirical literature investigating the role of self-related constructs (e.g., self-beliefs, self-images, self-focused attention) proposed in cognitive models of SAD, before examining how these constructs are modified during and following CBT for SAD. Forty-one studies met the inclusion criteria. Guided by Stopa's (2009a, b) model of self, most studies examined change in self-related content, followed by change in self-related processing. No study examined change in self-structure. Pre- to post-treatment reductions were observed in self-related thoughts and beliefs, self-esteem, self-schema, self-focused attention, and self-evaluation. Change in self-related constructs predicted and/or mediated social anxiety reduction, however relatively few studies examined this. Papers were limited by small sample sizes, failure to control for depression symptoms, lack of waitlist, and some measurement concerns. Future research directions are discussed.

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* Corresponding author.
 E-mail address: Bree.Gregory@mq.edu.au (B. Gregory).

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1. Introduction

Social anxiety disorder (SAD) is characterised by an intense and persistent fear of social or performance situations where the individual is exposed to possible scrutiny from others (American Psychiatric Association [APA], 2013). SAD is recognised as a prevalent, complex, and disabling disorder that, if left untreated, is unremitting (Stein & Stein, 2008). Individuals with SAD show impairments in financial and employment stability, academic performance, and general mental health (e.g., Ruscio et al., 2008). These difficulties are often compounded by a high degree of comorbidity with other diagnoses (for a review see Szafranski, Talkovsky, Farris, & Norton, 2014). Given the high prevalence and impairment associated with the disorder, a number of cognitive-behavioural models have been developed to improve the understanding and treatment of SAD (e.g., Clark & Wells, 1995; Heimberg, Brozovich, & Rapee, 2010; Hofmann, 2007; Moscovitch, 2009; Stopa, 2009a).

A consistent feature across cognitive-behavioural models of SAD is the central role of the self in the emergence and maintenance of the disorder (see Gregory, Peters, & Rapee, 2016). For example, models by Clark and Wells (1995) and Rapee and Heimberg (1997); see Heimberg et al. (2010) for the updated model) suggest that when social situations are encountered, individuals with SAD focus on an internal mental representation of the self as seen by the audience. This mental representation may be a distorted self-image based on prior experiences and is generally consistent with an individual's negative beliefs about the self and others (e.g., "I am a boring person", "Other people will be negative and critical"). This distorted self-view prevents socially anxious individuals from incorporating accurate feedback from others and can instigate a series of processes and behaviours such as self-focused attention and safety seeking behaviours that further exacerbate anxiety. Other cognitive models of social anxiety also place importance on perceived discrepancies between actual, other, and ought selves in maintaining the disorder (Hofmann, 2007), or propose a specific typology of core fears about the self that includes perceived flaws in social skills and behaviour, failure to conceal visible signs of anxiety, and physical and personality flaws (Moscovitch, 2009).

Given the importance placed on the self in cognitive models of SAD, the current paper presents an overview of the literature investigating the role of the self in social anxiety, before systematically examining how the self is modified during and following cognitive-behavioural treatments (CBT) for SAD. The paper is empirically driven, with less focus attributed to the theoretical positioning of SAD (including cognitive-behavioural models of the disorder) and the conceptualisation of the self (see Gregory et al., 2016; Markus & Wurf, 1987). To date, there has been no systematic review of the literature addressing whether constructs related to the self proposed in

cognitive models of SAD change during treatment and how this change may impact social anxiety symptom amelioration. Yet a comprehensive paper integrating the current state of the literature in this area would be of significant benefit to address current gaps in the field and to drive further research where promising areas have already been identified. Such an investigation is also timely, as despite being an efficacious treatment for the disorder (Mayo-Wilson et al., 2014), many patients with SAD who receive CBT either fail to respond to the therapy or continue to experience residual symptoms following treatment discontinuation (e.g., Rapee, Gaston, & Abbott, 2009). Uncovering active change mechanisms that govern anxiety reduction are therefore crucial in developing effective augmentation strategies to optimise CBT outcomes (Kazdin, 2007).

One of the difficulties in systematically collating a review of the literature that focuses on the construct of the self, however, is that the term itself remains elusive. The self has been studied from multiple approaches, with different approaches ascribing different definitions to the concept (see Bhar & Kyrios, 2016). Terms relating to the self have also sometimes been used interchangeably to refer to the same construct, as well as different constructs being associated with the same term (Hattie, 2014). For example, the terms self-presentations (e.g., in Anderson, Goldin, Kurita, & Gross, 2008) and self-views (e.g., in Goldin et al., 2013) have often been used interchangeably with self-beliefs. Moreover, a considerable number of variables have been proposed in the literature that reflect the various characteristics of the self (here referred to as self-related constructs), and many of these self-related constructs have been examined in relation to social anxiety. To assist with the integration of this review, the current paper therefore adopts the theoretical framework presented by Stopa (2009a). Stopa's framework is useful here as it contextualises the construct of self within cognitive models of SAD, provides organisation to the literature, and emphasises the importance of examining the structure of the self, something which has often been ignored in the SAD literature.

According to Stopa (2009a), the self consists of three broad categories: content, process, and structure. 'Content' refers to information about the self and the way this information is represented. 'Process' refers to how attention is allocated to self-relevant information and the strategies that are used to evaluate and monitor information about the self. Finally, 'structure' describes the way information about the self is organised, which can determine what aspects of self-knowledge are accessed at any given time. Subsumed within each category of self are self-related constructs, some of which have been of primary empirical focus in research on social anxiety (e.g., the negative content of self-beliefs). The following paragraphs will briefly position these self-related constructs within the broader categories of self as outlined in Stopa's (2009a) theoretical framework, and discuss some of the empirical studies examining the relationship between these constructs and social anxiety.

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