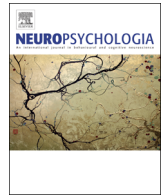




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Neuropsychologia

journal homepage: www.elsevier.com/locate/neuropsychologia

Early memories in social anxiety: A meaningful and enduring collaboration with my Dad



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ARTICLE INFO

Article history:

Received 25 November 2015

Received in revised form

26 February 2016

Accepted 15 March 2016

Available online 16 March 2016

Keywords:

Autobiographical

Image

Memory

Social anxiety

Social anxiety disorder

CBT

ABSTRACT

In this short paper in honour of my father's Festschrift, I describe a recent collaboration with him in which we joined forces to investigate the nature of autobiographical images and memories in social anxiety. I outline our work together and the unique insights that were gleaned from our interactive contributions. Then, I reflect on how this collaboration has helped to lay the foundation for subsequent work in my lab and illuminate new directions in my program of research, enhance my career as a scientist-practitioner, and ultimately, enrich both my personal and professional identities. In so doing, I aim to highlight one of the most important and enduring aspects of my father's legacy: the profound positive impact he has on the people with whom he has worked.

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1. Introduction

I cannot recall the exact moment I first realized that my playful and fun-loving father was also moonlighting as an intrepid scientist whose work was helping to transform people's understanding of memory processes and the brain. It is a remarkable testament to his character that despite all of his professional accomplishments, my Dad has always remained true to himself and his personal values. Quite simply, he is an affectionate, compassionate, and unpretentious *mensh* whose hard work and productivity is balanced – and, perhaps, even driven – by genuine feelings of love and gratitude toward the people around him. He is honest and humble, collaborative and warm. Many students who have worked closely with my Dad can tell unique stories about how their careers were touched or even transformed by my father's mentorship and guidance. All of these stories have a common thread: feeling inspired by a wonderful role model to work our hardest in order to leave a positive mark not only on the field of Psychology but also on the individual people with whom we work and play (and test and treat) along the way.

My own research is on social anxiety disorder, a clinical syndrome that resembles a severe form of shyness. When I began my

graduate studies at Boston University, I knew very little about what social anxiety was; however, I quickly recognized that, thanks to my Dad, I already had an excellent template for what it *was not*. Growing up, I had witnessed my father's energetic and uninhibited enjoyment of life first-hand. For example, on April Fool's Day every year, he would wake up early to booby-trap the house. Every corner contained a hidden prank: pour your cereal into your bowl and out would come dry cat food; rush to use the bathroom and discover that the toilet seat would not lift; try to emerge from the bathroom and find the doorknob greased with oil and impossible to open. When each booby-trap was sprung, my father's boyish, joyful laughter filled the house. Much to my embarrassment as a teenager, my Dad similarly laughed during funny movies: exuberantly and genuinely and in a prolonged and care-free way, seemingly unencumbered by concerns about calling attention to himself or behaving in an odd or inappropriate manner. Indeed, he was always the last one laughing, continuing to chuckle loudly long after other audience members had quieted down.

In contrast, people who struggle with social anxiety have a different perspective on the social world. Rather than feeling free to act in an uninhibited and natural manner in social situations, socially anxious individuals become paralyzed and constrained by worry about the possibility that they will behave in a way that violates social norms and attracts negative evaluation from others. Indeed, the Fifth Edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; [American Psychiatric Association, 2013](http://www.psychiatry.org)) defines Social Anxiety Disorder (SAD) as a “persistent fear of

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one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others". Individuals with SAD recognize that their fears are excessive, but because confronting feared social situations invariably activates intense anxiety, they commonly avoid such situations. As a result, socially anxious individuals tend to miss out on the interpersonal and emotional rewards and opportunities that social relationships can foster, and they become chronically and significantly disabled across a variety of important life domains (Stein and Kean, 2000).

My own understanding of social anxiety crystallized during graduate school, where I had the great fortune of being mentored by Dr. Stefan Hofmann and working closely with Dr. Dave Barlow and his colleagues at Boston University's Centre for Anxiety and Related Disorders (CARD). Through my work at CARD, I learned that when treating anxiety disorders, it was crucial to identify and therapeutically target each patient's feared stimulus (see Moscovitch et al., 2009). What was less clear, however, was what, exactly, individuals with social anxiety disorder (SAD) were afraid of. No previous research had provided an adequate answer to this important question.

Drawing upon both clinical observation and contemporary cognitive models of social anxiety (e.g., Clark and Wells, 1995; Hofmann, 2007; Rapee and Heimberg, 1997), I proposed that what frightens socially anxious people, at the core, is not social situations, embarrassment, or even negative evaluation but, rather, *aspects of themselves* which they perceive as being deficient and which may become exposed for public scrutiny and evaluation (Moscovitch, 2009). My work has supported the hypothesis that socially anxious individuals tend to worry, in particular, that they will be publicly exposed as being (a) socially unskilled or characterologically flawed (i.e., socially incompetent), (b) visibly anxious, and/or (c) physically unattractive, and that the consequences of such self-exposure would be socially and personally catastrophic (Moscovitch et al., 2015a, 2013b; Moscovitch and Huyder, 2011, 2015a). Attempting to prevent the exposure of perceived self-flaws within anxiety-provoking social contexts from which outright escape or avoidance is undesirable or impossible, socially anxious individuals tend to use a variety of self-protective strategies or *safety behaviours* (Moscovitch et al., 2013a, 2013b). Unfortunately, using such self-protective rather than affiliative strategies during social interactions creates a negative interpersonal impression on others, thus fueling a self-fulfilling prophecy in which others ultimately judge socially anxious people as appearing distant, aloof, socially unskilled and unattractive, thereby confirming socially anxious individuals' worst fears and further intensifying their feelings of distress and disconnection (Alden and Taylor, 2004; Bielak and Moscovitch, 2015; Moscovitch et al., 2013a, 2013b; Rowa et al., 2015).

2. An opportunity for a new collaboration

Against this backdrop of my ongoing program of research on social anxiety, a unique opportunity arose for me to reach out to my father for help with an intriguing new project. Almost two decades ago, Ann Hackmann and her UK colleagues published pioneering work on mental imagery in social anxiety (Hackmann et al., 1998, 2000). They reported that 100% of the socially anxious patients they interviewed endorsed experiencing vivid, intrusive and recurrent mental images during social encounters. In these images, patients envisioned themselves behaving in socially undesirable or embarrassing ways. Moreover, they reported that patients typically viewed their appearance and behaviour within their images from the perspective of the imagined audience, suggesting that the images represented what they believed they looked like to others. When asked to trace the images back to their

origins, they commonly identified painful memories of being rejected, humiliated, or excluded – in other words, “socially traumatic” events, which they said tended to coincide with the reported onset or worsening of their SAD symptoms. It was intriguing that patients were not always fully aware of such memories prior to their participation in the study. Rather, it seemed that describing their mental images and being probed about their genesis enabled them to access specific memories upon which the images were based. From this perspective, it might be accurate to conceptualize these images as memory-based self-representations in the “here and now.”

I was very interested in Hackmann et al.'s (1998, 2000) findings but also initially felt quite skeptical of their veracity. I found it difficult to trust their patients' reports because they were obtained in clinical interviews within a methodological context that could easily have facilitated patient embellishment and/or over-endorsement of image and memory phenomena (as described in Moscovitch et al., 2011). I also had trouble reconciling their findings with those of some other, prior research that had concluded that socially traumatic conditioning events were rarely implicated by patients with SAD as causal agents in the onset of their difficulties (e.g., Harvey et al., 2005; Hofmann et al., 1995). Finally, my own self-affirmation bias played a role in my skepticism: I believed that I had received excellent clinical training in cognitive behavioural therapy (CBT) and SAD at Boston University and also during my clinical practica in Boston and subsequent residency at the Anxiety Treatment and Research Centre at St. Joseph's Healthcare in Hamilton, where I had successfully assessed and treated dozens of patients with SAD without ever asking a single one of them about their experiences of mental images and associated memories or considering these to be essential targets of intervention. Rather, I had always focused my case conceptualizations and treatment plans on their verbal thoughts and beliefs. If these images were so ubiquitous and important, why did my patients not spontaneously tell me about them? Besides, how could exploring patients' early memories possibly be valuable or even relevant to evidence-based practice and CBT, which, at least in my thinking at that time, distinguished itself from less empirically-supported forms of therapy by focusing squarely on present-day factors that contributed to symptom maintenance rather than forcing patients to dwell on the past?

Given the direct hypothesized connection between present-day images and earlier memories, I turned to my Dad for assistance. The idea of collaborating with my father was exciting, and, with valuable assistance from a team of bright and eager graduate students in my lab, including Dee Gavric, Colleen Merrifield, and Tania Bielak, we quickly got to work. We identified several important questions: Could we develop an assessment tool that would enable us to determine, in a methodologically rigorous and trustworthy way, whether people really did experience mental images? Was it possible to verify that such images were actually derived from *real* autobiographical memories? What was the nature of these images and memories and were their qualities moderated by the severity of participants' social anxiety symptoms? Could these phenomena help to enhance our understanding of self-relevant cognitive processes in SAD and promote the development of novel clinical interventions?

3. Waterloo Images and Memories Interview (WIMI)

The collaborative project was launched in 2009 and continued through 2010. During those years, my father kept me company several times during the 90-minute drive from where we lived in Toronto to my office, lab, and clinic at the University of Waterloo. Initially, we would spend time at each visit sitting behind a one-

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