



Banning pre-event rumination in social anxiety: A preliminary randomized trial

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ABSTRACT

Background and Objectives: Pre-event rumination has a clear role in maintaining social anxiety according to cognitive models. However, it is unclear what specific strategies can address pre-event rumination for individuals diagnosed with SAD. The current study aimed to determine the effectiveness of a brief intervention on multiple aspects of pre-event rumination, state anxiety and performance and threat appraisals. Additionally, the trajectory of pre-event rumination was investigated over four days.

Methods: Participants with SAD were informed they would be required to complete a speech task in four days' time and were randomised to an intervention ($n = 27$) or a non-active control group ($n = 25$). The intervention group were instructed to “ban” pre-event rumination using a metacognitive therapy technique known as detached mindfulness. All participants completed daily measures of pre-event rumination that assessed frequency, uncontrollability, engagement and distress associated with pre-event rumination. On the day of the speech task, participants also completed state and cognitive measures before delivering the speech task.

Results: The intervention group reported reduced frequency, uncontrollability and distress associated with pre-event rumination, compared to the control group. There was no difference between groups for performance and threat appraisals as well as state anxiety. Rumination is a stable and robust process, with an increase in frequency and associated distress 24 hours before a feared social situation.

Limitations: The lack of an active control group precludes comparisons to more traditional cognitive-behavioural therapy strategies for pre-event rumination.

Conclusions: Pre-event rumination is a durable process but banning pre-event rumination using metacognitive therapy techniques shows promise for specifically addressing this maladaptive process.

1. Introduction

Social anxiety disorder (SAD) is a debilitating (Patel, Knapp, Henderson, & Baldwin, 2002) and prevalent (Crome et al., 2014) mental health disorder, which is characterised by an underlying fear of negative social evaluation. Current models of SAD (Clark & Wells, 1995; Hofmann, 2007; Rapee & Heimberg, 1997) outline cognitive and attentional factors proposed to maintain state social anxiety, with the recommended treatment for SAD being cognitive behavioural therapy based on the cognitive models (NICE, 2013). Negative rumination is one of a number of factors in the vicious cycle of social anxiety, and can be defined as an intrusive and detailed scrutiny of anticipated or perceived negative outcomes in relation to a feared social situation (Modini & Abbott, 2016). Negative rumination comprises of pre-event rumination which occurs before the feared social situation, and post-event rumination which occurs after leaving or escaping the feared situation. The present study focused on the anticipatory pre-event stage

of the ruminative process, and in particular the key features of this process which includes the frequency of rumination, the degree of control over ruminative thoughts, its severity and levels of evoked distress. While pre-event rumination overlaps with worry in generalised anxiety, there are distinct differences which include worry being typically focused on a range of potential events in the future which are not necessarily linked to a current situation, while rumination in social anxiety occurs in anticipation, or in the aftermath, of a situation specific event and involves distorted cognitions about the likelihood and consequences of perceived social mistakes.

Clark and Wells (1995) suggest that individuals with social anxiety engage in anticipatory processing, termed here pre-event rumination, before a social situation, which revolves around assumptions of poor social performance, negative self-imagery, and recollections of perceived past social mistakes. Pre-event rumination results in individuals with social anxiety entering the social situation in a highly anxious state, expecting the worst and likely hypervigilant to any information

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that confirms biased assumptions of poor performance. Surprisingly, despite Clark and Wells (1995) discussing the maladaptive role of pre-event rumination more than 20 years ago, pre-event rumination has only recently been empirically investigated. While it has been confirmed that individuals with social anxiety do engage in significantly more pre-event rumination compared to a non-anxious control group in both student (Brown & Stopa, 2007) and clinical populations (Penney & Abbott, 2014), the literature investigating the efficacy of treatment for pre-event rumination is more sparse.

To date, four studies have reported that a comprehensive cognitive behavioural therapy (CBT) intervention is effective in reducing pre-event rumination in individuals with SAD (Hedman et al., 2013; McEvoy & Perini, 2009; Modini, Rapee, Costa, & Abbott, 2018; Wong et al., 2017). However, it is unclear which cognitive behavioural strategies are specifically effective in reducing pre-event rumination per se. Determining the strategies that are effective in reducing the experience of negative pre-event rumination in social anxiety is important since higher levels of pre-event rumination at pre-treatment lead to a slower rate of improvement in social anxiety symptoms at post-treatment (Wong et al., 2017). Therefore, a larger “dose” of an intervention that targets pre-event rumination may often be necessary if treatment is to show overall treatment gains (Wong et al., 2017). This intervention would optimally be brief in nature to be able to be incorporated into existing treatment manuals of social anxiety and be simple to understand and deliver. One study that has considered the effects of a specific strategy on levels of pre-event rumination in individuals with SAD found that cognitively challenging anticipatory thoughts before a speech task was not powerful enough to significantly reduce levels of negative pre-event rumination, anticipatory anxiety and biased cognitive processes (Modini & Abbott, 2017). While this study theorised that including exposure elements in the intervention may possibly lead to better outcomes, it is also likely that pre-event rumination is a durable process that has multiple cognitive predictors (see Modini and Abbott (2016) for a review) and mediators, such as performance and threat appraisals (Modini, Rapee, & Abbott, 2018), and hence requires more tailored strategies. A second study, utilising 12 socially anxious undergraduate students, reported that a metacognitive therapy (MCT) technique known as detached mindfulness is associated with greater reductions in anticipatory processing before a speech task compared to thought challenging (Gkika & Wells, 2015). However, limitations of this study include a small undergraduate sample ($n = 12$) and participants only having a short-time frame to experience rumination (i.e., 5 min), with the authors recommending further investigation in a larger clinical sample. Given this promising, albeit preliminary, finding that a MCT technique may be effective in addressing pre-event rumination in social anxiety, further investigation is warranted.

MCT is based on the self-regulatory executive function model (Wells & Matthews, 1994, 1996) and posits that a person with anxiety and/or depression has become fixated on negative brooding and worrying, is hypervigilant to threatening information and holds maladaptive metacognitive beliefs about these processes (Wells, 2009). These rigid and recurrent patterns are termed the Cognitive Attentional Syndrome (CAS) and MCT works to modify this through attention training, introducing more adaptive ways to respond to negative thoughts, and reappraising metacognitive beliefs about worry and rumination (Wells, 2009). The MCT techniques directly address key processes, symptoms and their consequences. Metacognitive beliefs about worry and rumination (e.g., “rumination helps me prepare for the worst-case scenario so that nothing bad will happen during my speech”), also termed Type 2 worries, can be both positive and negative and are distinct from Type 1 worries that involve general worries about specific events/situations (e.g., “I will blush during the speech and others will laugh”) that traditional CBT aims to challenge and reappraise. MCT has gained increasing evidence for its effectiveness in treating symptoms of anxiety and depression, with a meta-analysis reporting large effect sizes from pre-treatment to follow-up (Hedges' $g = 1.65$) and favourable

comparisons to traditional CBT (Normann, van Emmerik, & Morina, 2014). However, studies investigating the efficacy of a multiple session MCT program for social anxiety are more preliminary, and while indicating promising findings only include a small case-series (Lakshmi, Sudhir, Sharma, & Math, 2016; Wells & Papageorgiou, 2001) with sample size ranging from 4 to 6 participants respectively. While MCT wasn't initially designed for the treatment of social anxiety, having originally being developed for the treatment of generalised anxiety, it strongly considers the maladaptive role of rumination and as such can be applied to social anxiety. In support of MCT being transdiagnostic, recent research has reported that metacognitive beliefs are significant factors underlying the pathology in social anxiety (Nordahl & Wells, 2017) and that changes in negative metacognitive beliefs predict treatment change following treatment for social anxiety (Nordahl, Nordahl, Hjemdal, & Wells, 2017). Such empirical evidence highlights the importance of metacognitive processes in the maintenance of rumination and is consistent with models (Clark & Wells, 1995) that feature maladaptive (metacognitive) beliefs about key symptoms such as the perceived benefits of rumination and negative beliefs about symptoms of social anxiety and their perceived consequences.

One possible strategy to address pre-event rumination in social anxiety, which could utilise MCT techniques, is “banning” this process, an idea proposed in Clark and Wells' (1995) model. It has been posited that pre-event rumination in social anxiety can be addressed by collaboratively highlighting its disadvantages (e.g., leads to increased anticipatory anxiety, often inaccurate, doesn't change the feared situation) before instructing socially anxious individuals to “ban” it (Wells, 1997, p. 191). Encouraging disengagement from intrusive thoughts overlaps with a range of cognitive therapy treatment techniques, which includes exposure and response intervention in relation to worries and obsessional thoughts in generalised anxiety disorder and obsessive-compulsive disorder (e.g., encouraging an individual to not ruminate on intrusive thoughts and inhibiting an irrelevant neutralising response). While coaching individuals not to engage in negative pre-event rumination using MCT techniques has preliminary support (Gkika & Wells, 2015), the effectiveness of banning pre-event rumination in a sample of individuals with SAD has yet to be empirically investigated. Additionally, determining the effect of such an intervention on multiple facets of rumination has not been considered, which would not just include how frequently individuals with social anxiety experience pre-event rumination, but also, the amount of control individuals feel they have over these thoughts, how much they engage with the process and the amount of distress it ultimately causes. It is important to note that banning rumination does not mean encouraging thought suppression or experiential avoidance. Instead MCT first encourages the recognition that one is engaging in this process, understanding that it is unhelpful, and then practicing detachment from further maladaptive rumination.

In addition to determining the efficacy of specific strategies for pre-event rumination, it is also imperative to have a greater understanding of how an individual with social anxiety experiences this process. For example, does pre-event rumination increase in a linear fashion as the feared social event approaches, does it wax and wane or does pre-event rumination only become problematic immediately before the feared social event? Determining the course of pre-event rumination would help to determine the ideal timepoints for intervention delivery. To the best of our knowledge, research has yet to administer daily ratings of pre-event rumination in anticipation of a feared social situation to determine the trajectory of pre-event rumination for individuals with social anxiety, with pre-event rumination typically being measured as a single outcome variable pre- and post-treatment.

Taken together, the primary aim of the current study is to determine the efficacy of banning pre-event rumination using detached mindfulness before a feared social situation for individuals with SAD, with a secondary aim of determining how pre-event rumination manifests in the lead up to a social situation. To achieve these aims individuals with SAD were informed that they will need to complete a speech task in four

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