



Review

A meta-analysis and scoping review of social cognition performance in social phobia, posttraumatic stress disorder and other anxiety disorders



India Plana^{a,b}, Marie-Audrey Lavoie^{b,c}, Marco Battaglia^{a,b}, Amélie M. Achim^{a,b,*}

^a Département de Psychiatrie et neurosciences, Faculté de médecine, Université Laval, Canada

^b Centre de recherche de l'Institut universitaire en santé mentale de Québec, Canada

^c École de psychologie, Université Laval, Canada

ARTICLE INFO

Article history:

Received 20 February 2013

Received in revised form 15 July 2013

Accepted 12 September 2013

Keywords:

Social cognition

Social phobia

Posttraumatic stress disorder

Mentalizing

Attributional style

Emotion recognition

ABSTRACT

Social cognition deficits are observed in a variety of psychiatric illnesses. However, data concerning anxiety disorders are sparse and difficult to interpret. This meta-analysis aims at determining if social cognition is affected in social phobia (SP) or posttraumatic stress disorder (PTSD) compared to non-clinical controls and the specificity of such deficits relatively to other anxiety disorders. The scoping review aims to identify research gaps in the field. Forty studies assessing mentalizing, emotion recognition, social perception/knowledge or attributional style in anxiety disorders were included, totaling 1417 anxious patients and 1321 non-clinical controls. Results indicate distinct patterns of social cognition impairments: people with PTSD show deficits in mentalizing (effect size $d = -1.13$) and emotion recognition ($d = -1.6$) while other anxiety disorders including SP showed attributional biases ($d = -0.53$ to $d = -1.15$). The scoping review identified several under investigated domains of social cognition in anxiety disorders. Some recommendations are expressed for future studies to explore the full range of social cognition in anxiety disorders and allow direct comparisons between different disorders.

© 2013 Elsevier Ltd. All rights reserved.

Contents

1. Introduction	170
2. Method	170
2.1. Literature search	170
2.2. Inclusion and exclusion criteria	170
2.3. Task classification criteria	171
2.3.1. Mentalizing	171
2.3.2. Emotion recognition	171
2.3.3. Social perception/knowledge	171
2.3.4. Attributional style	171
2.4. Meta-analysis procedure	171
3. Results	171
3.1. Meta-analysis results	171
3.1.1. Emotion recognition	171
3.1.2. Attributional style	173
3.1.3. Mentalizing	174
3.1.4. Social perception/knowledge	174

* Corresponding author at: Centre de recherche de l'Institut universitaire en santé mentale de Québec (F-4500), 2601, de la Canardière, Québec (Québec), Canada G1J 2G3. Tel.: +1 418 663 5741x4749.

E-mail address: amelie.achim@fmed.ulaval.ca (A.M. Achim).

3.2.	Scoping review and target areas for future work	174
3.2.1.	Social phobia	174
3.2.2.	Posttraumatic stress disorder	174
3.2.3.	Obsessive-compulsive disorder	174
3.2.4.	Panic disorder with or without agoraphobia	174
3.2.5.	Generalized anxiety disorder	174
4.	Discussion	174
	Acknowledgements	175
	References	175

1. Introduction

Social cognition is defined as the capacity to perceive, interpret and generate responses to the intentions, dispositions and behavior of other people. It includes different specific cognitive processes that underlie social interactions (Green et al., 2008). Four different but interrelated domains of social cognition are typically studied in the literature, namely mentalizing (also known as Theory of Mind), emotion recognition, social perception/knowledge and attributional style (Pinkham et al., 2013). Mentalizing refers to the ability to attribute mental states, like beliefs, desires and intentions to other people (Green et al., 2008), typically based on multiple pieces of information on the person and the context (Achim, Guitton, Jackson, Boutin, & Monetta, 2012). Emotion recognition is the ability to accurately perceive and identify emotions from social stimuli, such as facial expressions or prosody. Social perception/knowledge refers to the awareness and recognition of social rules, norms, or goals in different social situations (Green et al., 2008). Finally, attributional style reflects how people typically infer the cause of different events (Green et al., 2008). Poor social cognition impacts on the global functioning and quality of life (Fett et al., 2011; Maat, Fett, Derks, & Investigators, 2012). It thus has become an important study target in clinical populations such as schizophrenic and autistic patients since it predicts their current and future social functioning (Abdi & Sharma, 2004; Bora, Eryavuz, Kayahan, Sungu, & Veznedaroglu, 2006; Fett et al., 2011; Green et al., 2008; Mancuso, Horan, Kern, & Green, 2011; Sparks, McDonald, Lino, O'Donnelle, & Green, 2010).

Anxiety disorders are the most prevalent psychiatric illnesses (Kessler, Berglund, Demler, Jin, & Walters, 2005) with lifetime prevalence around 17% (Somers, Goldner, Waraich, & Hsu, 2006). In addition to suffering from important psychiatric comorbidity (Brown, Campbell, Lehman, Grisham, & Mancill, 2001; Grant et al., 2004), people with anxiety disorders show remarkable functional impairments and a poorer quality of life than non-clinical controls (Mendlowicz & Stein, 2000; Olatunji, Cisler, & Tolin, 2007; Stein et al., 2005). Even though the link between social cognition and poor functioning has not yet been directly addressed in anxiety disorders, an increasing number of studies report potential social cognition impairments in these patient populations (Machado-de-Sousa et al., 2010; Mazza et al., 2012; O'Toole, Hougaard, & Mennin, 2012; Sripada et al., 2009). Social cognition deficits could thus explain part of the functional impairments and poorer quality of life in anxiety disorders. This may be especially true for those anxiety disorders where social abilities are known to be affected, such as social phobia (SP), where emotion recognition appears to be disturbed since childhood (Battaglia et al., 2005, 2012; Simonian, Beidel, Turner, Berkes, & Long, 2001), and posttraumatic stress disorder (PTSD) where emotional numbing, a core symptom of the illness, is known to impact interpersonal relationships (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; McFarlane & Bookless, 2001; Ruscio, Weathers, King, & King, 2002).

The purpose of this study is to sum up what is known from the existing literature about social cognitive abilities of people with SP and PTSD by means of a meta-analysis, and to compare

their abilities to those found in other anxiety disorders. As SP and PTSD are often reported as particularly socially-impairing anxiety disorders (Antony, Roth, Swinson, Huta, & Devins, 1998; Liu, Zhu, Wu, & Hu, 2008; Mendlowicz & Stein, 2000; Schonfeld et al., 1997; Simon et al., 2002), it is expected that more important and pervasive social cognition deficits will be found among people with these diagnoses. Concurrently, we performed a scoping review to identify research gaps in the current literature on social cognition in anxiety disorders. Accordingly, we summarized and quantified available data regarding four domains of social cognition, namely mentalizing, emotion recognition, social perception/knowledge and attributional style, in people with a primary diagnosis of social phobia (SP), posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), obsessive compulsive disorder (OCD) or panic disorder with or without agoraphobia (PD).

2. Method

This study is based on Rosenthal and DiMatteo (2001) meta-analytic procedures and on Arksey and O'Malley (2005) methodological framework for scoping reviews, both of which share similar methodologies to identify and select the relevant studies, but have different aims and analytic procedures, as scoping reviews are not centered on effect sizes.

2.1. Literature search

Relevant articles were identified through literature searches in PsycINFO, PubMed and Web of Knowledge databases using the keywords: social phobia, social anxiety disorder, panic disorder, agoraphobia, post traumatic stress disorder, generalized anxiety disorder and obsessive compulsive disorder along with mentalizing, theory of mind, social cognition, emotion recognition, emotion perception, emotion processing, emotion identification, facial affect, emotion discrimination, attribution bias, attributional style, interpretation bias, social knowledge and social cue. The titles and abstracts of the corresponding articles were examined for possible inclusion in the meta-analysis. Additional titles were obtained from the references cited in these articles.

2.2. Inclusion and exclusion criteria

The inclusion criteria were: (a) inclusion of a group of adults (i.e. older than 18 years old) with a primary diagnosis of an anxiety disorder (SP, PTSD, GAD, OCD or PD) according to standard diagnostic criteria (i.e. DSM or ICD); (b) inclusion of a non-clinical comparison group in which participants did not meet diagnostic criteria for the anxiety disorder assessed in the study (note that in some studies, participants of the control group were not comprehensively screened for disorders other than the one addressed in the study, leaving open the possibility that they may have presented with an undiagnosed condition); (c) report of a measure for at least one social cognition construct (mentalizing, emotion recognition, social perception/knowledge, attributional style), and (d) accessibility, whether in the paper or by contacting the author, of

Download English Version:

<https://daneshyari.com/en/article/909409>

Download Persian Version:

<https://daneshyari.com/article/909409>

[Daneshyari.com](https://daneshyari.com)