Self-Concept Clarity, Adverse Experiences and Psychopathology

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Overview

Chapter 1: Self-Concept Clarity and Psychopathology
Chapter 2: Self-Concept Clarity, Trauma and Psychosis, Anxiety & Depression
Chapter 3: The Conceptualisation of Self-Concept Clarity
Self-concept clarity (SCC) is defined as the extent to which the contents of an individual's self-concept (e.g., perceived personal attributes) are clearly and confidently defined, internally consistent, and temporally stable.

Campbell et al., 1996, p.141
What is the role of SCC in the onset and development of psychopathology?

Chapter 1: Systematic Review

Aim

To identify, synthesise and appraise all of the available peer-reviewed literature which explored a direct quantifiable link between SCC and psychopathology.

Results

Twenty-nine individual studies were identified and included in the review. These explored nine different categories of psychopathology including: anxiety, depression, psychosis, schizophrenia, personality disorders, prolonged grief disorder, non-suicidal self-injury, social anxiety, and social phobia, in addition to several global measures of psychopathology.

Conclusion

The review found strong evidence to support an association between SCC and psychopathology. All of the included studies reported a significant association between levels of SCC and the presence of psychopathology.
The association between trauma and psychosis in adulthood is widely accepted (Matheson, Shepherd, Pinchbeck, Laurens, & Carr, 2013; Varese et al., 2012).

It has been reported that 77% of service users affected by a first episode of psychosis had experienced either physical, emotional and/or sexual abuse as a child and that exposure to childhood trauma was significantly correlated with positive symptoms of psychosis (Duhig et al., 2015).

Traumatic events experienced as a child have been found to significantly predict anxiety disorders and depression in adulthood (Fernandes & Osório, 2015; Gibb, Chelminski, & Zimmerman, 2007; Huh, Kim, Lee, & Chae, 2017; Huh, Kim, Yu, & Chae, 2014).

Evans et al. (2015), propose that the experience of childhood trauma could disrupt the development of an integrated self-concept. Consistent with this hypothesis, they found that the childhood trauma and psychosis association was dependent upon reduced SCC.
Aims and Hypotheses

**Self-concept clarity**

It was predicted that (1a) SCC will be significantly reduced in the psychosis group, compared to the anxiety/depression and control group and (1b) SCC will be significantly reduced in the anxiety/depression group, versus the control group.

**Adverse childhood experiences**

Initial hypotheses predicted that there would be a significant difference between self-reported adverse childhood experiences between each of the three groups. More specifically (2a) there would be a significantly higher prevalence of adverse childhood experiences in the psychosis group, compared to the anxiety/depression and control group and (2b) there would be a significantly greater number of adverse childhood experiences reported by the anxiety/depression, versus the control group.
Self-concept clarity as a mediator. It was anticipated that (3a) SCC will either partially or fully mediate the relationship between adverse childhood experiences and psychosis and (3b) will partially or fully mediate the relationship between adverse childhood experiences and anxiety and depression.
How was this explored?

3 Recruitment Strategies

**Online**
3rd Sector organisations, such as, Hearing Voices Network

**NHS**
Early Intervention Services
Primary Care Settings

**University Setting**

Total of 145 eligible participants recruited, participants allocated to one of three groups.

All participants completed 5 psychometric measures: Psychosis Screening Questionnaire (PSQ), Generalised Anxiety Disorder (GAD), Patient Health Questionnaire (PHQ), Self-Concept Clarity Scale (SCCS), Adverse Childhood Experiences (ACE)

**Group 1: Psychosis**
Screened positively for psychosis
N = 58

**Group 2: Anxiety / Depression**
Moderate/Severe levels of anxiety and depression
N = 34

**Group 3: Control**
No psychosis, anxiety or depression
Group Comparisons

Demographic Variables - The groups did not differ on the following demographic variables, ethnicity, age, level of education, or employment status (p>.05) but did differ on gender \[F (2,142) = 3.33, p = .04\].

SCCS – Although the groups differed slightly on levels of SCC, with the clinical groups reporting lower levels of SCC than the control group. There were no statistically significant differences in levels of SCC between the groups \[F(2,142) = 1.47, p = .233\].

ACE – There were statistically significant differences in reported ACE between all three groups; the psychosis group reported the highest incidences of ACE, and the control group the lowest \[F(2,142) = 18.03, p = .000\].
## Correlation Analyses

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>Psychosis Group</th>
<th>Anxiety/Depression Group</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>SCCS</td>
<td>Pearson Correlation</td>
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<tr>
<td></td>
<td>Sig. (2-tailed)</td>
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<tr>
<td>GAD</td>
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<tr>
<td>ACE</td>
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<tr>
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<td>Sig. (2-tailed)</td>
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<td>N</td>
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*** p < .001, ** p < .01, * p < .05
Binary Logistic and Linear Regressions

ACE → Psychosis  \( p<.001, R^2 = .22 \)

ACE → Anxiety  \( p<.001, R^2 = .13 \)

ACE → Depression  \( p<.001, R^2 = .08 \)

SCCS → Anxiety  \( p<.05, R^2 = .03 \)

SCCS → Depression  \( p<.001, R^2 = .08 \)

SCCS → Psychosis  \( p>.05, R^2 = .00 \)

ACE → SCCS  \( p>.05, R^2 = .00 \)
How can we make sense of the association between SCC and psychopathology?

- Reduced levels of SCC may be an indirect consequence of the experience of mental health difficulties and psychological distress, such as increased uncertainty, which may be present during such experiences.

- SCC may be a trans-diagnostic vulnerability factor in the onset and development of psychopathology in adulthood.

- Individuals with uncertain self-concepts may be more susceptible to, and influenced by external stimuli (Campbell, 1990) and an uncertain belief about oneself may result in an over-reliance on the opinions and evaluations of others (Wilson & Rapee, 2006).

- Wilson and Rapee (2006) suggest that impaired levels of SCC may be an especially pertinent characteristic of mental disorders that involve negatively biased self-evaluations, such as, depression and anxiety. This conceptualisation of SCC provides an explanation for the current finding that SCC predicts anxiety and depression but not psychotic experiences.
Interventions which support individuals to de-centre from strategies such as, rumination and hyper-vigilance by increasing non-judgmental, present moment awareness such as, Acceptance and Commitment Therapy (ACT; Luoma, Hayes, & Walser, 2008), Compassion Focused Therapy (CFT; Gilbert, 2009) and Mindfulness Based Cognitive Therapy (MBCT; Teasdale, Williams, & Segal, 2014), may be beneficial.

Trans-diagnostic interventions such as the development of psychological formulation may support an individual to gain clarity and coherence in relation to their self-concept. May be particularly pertinent during periods associated with the development of the self-concept, such as adolescence.
Clinical Implications

Adversity and Trauma

- Move towards mental health services routinely and systematically assessing previous history of trauma. Rossiter et al., (2015) reported significant discrepancies in the enquiry and reporting of traumatic experiences, with 38% of traumatic experiences disclosed through unstructured clinical assessments compared to 77% disclosed using the CTQ.

- A wide range of trauma-focused interventions and trauma informed care to support individuals reporting a previous history of trauma.

- It is imperative that the focus is also on the prevention of such experiences and on implementing and evaluating early interventions, which target the reduction of traumatic incidences. With estimates that in the UK over one in six 11-17 year olds have experienced some type of severe maltreatment (NSPCC, 2016). The benefits of early interventions targeted specifically at the perinatal period, which include the 1001 critical days from conception to 24 months, should be consider to reduce the effects of trans-generational trauma (Balbernie & Adams, 2005).


References


Any questions?