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Ambulatory assessment of mechanisms underlying interpersonal dysfunction in individuals with a history of childhood maltreatment

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Experiencing childhood maltreatment (CM) of any type can have deleterious long-term consequences for development and physical and mental health, such as impairments in various domains of social functioning and a heightened prevalence of psychopathology. Evidence of possible mechanisms that could explain these associations is limited. Cognitive models of PTSD posit that experiencing trauma engenders cognitive alterations, such as hypersensitivity to interpersonal threats and increased distrust towards others. Whereas such cognitive alterations have been primarily proposed for severe forms of trauma, involving threats to life or well-being, little research has explored whether CM, which also includes experiences that are not necessarily life-threatening, might lead to similar negative beliefs. These studies suggest that individuals with a history of CM perceive facial emotional stimuli more negatively and demonstrate higher levels of interpersonal distrust in economic games.

For this thesis, I conducted two ambulatory assessment (AA) studies to examine specific biases in social information processing within the context of daily life experiences. In Study 1, 42 healthy individuals provided data at six random time points throughout the day for seven days. At each random prompt, they rated their momentary mood and participated in two newly developed experimental paradigms on distrust and emotion processing. These processes were assessed in the participants' natural environments while they underwent their normal daily activities. Multilevel models were used to test how distrust and emotion processing were associated with the participants' affective states that they experienced in the same moment. In line with my hypothesis, momentary mood was significantly associated with momentary distrust ratings, suggesting that the more negative a participant's current mood was, the more distrust they experienced at that moment. However, in this sample, the participants' current mood was not associated with the ratings of facial emotional expressions.

Based on Study 1, I applied the same paradigms on distrust and emotion processing in another sample to replicate and extend the findings from Study 1. This second sample consisted of 61 individuals with varying levels of CM. In Study 2, I focused on the association between CM and both distrust and interpersonal threat sensitivity, assuming that higher levels of CM would entail higher levels of distrust and perceived interpersonal threat sensitivity, as postulated by cognitive models of PTSD. At a momentary level, I tested whether the current mood of the participants was a relevant context variable that strengthened these associations. In line with my hypothesis, I found that higher levels of CM were associated with more negative ratings of facial emotional expressions. Furthermore, participants rated pictures of emotional expressions more negatively, the more negative their current mood was. Contrary to my hypothesis, the level of CM alone was not associated with higher distrust in the distrust game. However, data revealed a significant interaction effect, suggesting that individuals with higher levels of CM demonstrate increased momentary distrust in states of heightened negative affect. Additionally, and replicating mood-congruent effects from Study 1, participants demonstrated higher levels of distrust in moments of more negative affect.

To conclude, I was able to successfully implement two novel experimental paradigms into an AA context. At a within-person level, I identified momentary mood as a predictor of interpersonal distrust and the evaluation of emotional faces. Furthermore, higher levels of CM were associated with increased interpersonal threat perception and heightened levels of interpersonal distrust in moments of more negative affect. These results suggest that social-cognitive biases, which were originally proposed for PTSD, also affect individuals with a history of CM. Pending further replication with more diverse samples, the findings offer treatment targets that can be addressed by therapeutic interventions aimed at improving interpersonal functioning in individuals with a history of CM.