A socio-interpersonal perspective on stressful event exposure and mental health

by

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Summary

Background: Stressful event exposure can contribute to the development and maintenance of psychological symptoms and mental disorders, with chronic or frequent exposure increasing the likelihood of adverse outcomes. However, individuals differ considerably in their mental health responses to stressful events. Although theoretical models suggest that this variability is shaped by biological, psychological, and socio-interpersonal factors, socio-interpersonal factors have only recently become a stronger focus of research. These can be conceptualized at three levels: societal (e.g., stigma), close social relationships (e.g., social support, harassment, group cohesion), and individual social-affective responses (e.g., shame, guilt). Socio-interpersonal factors may function as external resources and influence self-regulatory processes, such as meaning-making in response to stressful events and the motivation to engage in approach-oriented coping. Despite growing recognition of their relevance, key questions remain regarding the stability of socio-interpersonal factors after stressful event exposure, the direction of their associations with mental health outcomes, and potential moderating factors and underlying mechanisms in these associations, as well as the specific relevance of different socio-interpersonal factors for distinct mental health outcomes.

Aims: This dissertation addressed four research questions: (1) To what extent is perceived social support (general and workplace) stable over the course of stressful event exposure, and are there longitudinal, bidirectional associations between social support and psychological symptoms before and after exposure? (2) Are the hypothesized associations of higher perceived group cohesion and higher perceived leadership quality with lower depressive and anxiety symptoms moderated by self-reported exposure to harassment? (3) Do

nondisclosure of distressing experiences as well as perceived mental health stigma mediate the hypothesized associations of higher self-reported exposure to harassment with higher depressive symptoms and increased risk for suicidal behavior? (4) Which associations exist between negative social-affective responses to trauma exposure (shame, guilt, social alienation, revenge) and both categorical and dimensional mental health outcomes, and are there distinct patterns of social-affective responses that differentially relate to these outcomes?

Methods: This dissertation is a secondary analysis of data from the Prevalence, Incidence and Determinants of PTSD and other mental disorders (PID-PTSD+[3]) study, which investigated deployment experiences and mental health outcomes in German military personnel. The study included a cross-sectional component assessing soldiers approximately one year after deployment to Afghanistan in 2009, as well as a comparison group of never-deployed soldiers. Additionally, a longitudinal component followed a cohort deployed in 2011/2012, with assessments before and after deployment. Military deployment served as the primary operationalization of stressful event exposure. Additionally, lifetime exposure to traumatic events was assessed in both deployed and never-deployed soldiers.

Main results: (1) Perceived general and workplace social support were relatively stable. Higher pre-exposure levels of both general and workplace support predicted lower depressive symptoms after stressful event exposure, but were not associated with anxiety or posttraumatic stress symptoms. Conversely, higher pre-exposure depressive and posttraumatic stress symptoms predicted lower general social support after stressful event exposure, while no associations were found between anxiety symptoms and either type of support. (2) Higher perceived group cohesion and higher perceived leadership quality were associated with lower depressive and anxiety symptoms, though these associations were weaker than the associations between higher self-reported exposure to harassment and higher depressive and anxiety symptoms. Moreover, with higher exposure to harassment, the associations of higher group cohesion and higher leadership quality with lower depressive and anxiety symptoms decreased.

(3) The associations of higher self-reported exposure to harassment with higher depressive symptoms and increased risk for suicidal behavior were mediated by nondisclosure of distressing experiences and, to a lesser extent, by perceived mental health stigma. (4) All examined negative social-affective responses to trauma exposure were positively associated with the presence of depressive disorder, posttraumatic stress disorder, and alcohol use disorder, and with higher depressive and anxiety symptoms. Individuals differed primarily in their general proneness to such responses, rather than demonstrating distinct response profiles characterized by a high risk for one social-affective response and a low risk for others.

Conclusions: Interpreted within the framework of Conservation of Resources theory, the findings suggest that positive socio-interpersonal factors, such as general and workplace social support, group cohesion, and leadership quality, can serve as resources associated with a reduced risk for adverse mental health outcomes following stressful event exposure. However, these associations do not extend to all symptom domains, and psychological symptoms themselves may reduce the availability of socio-interpersonal resources. Moreover, potential benefits of socio-interpersonal resources could depend on internal resources and contextual conditions. Negative socio-interpersonal factors, including harassment, perceived stigma, nondisclosure, and negative social-affective responses to trauma exposure, may constitute resource threats that increase the risk for adverse mental health outcomes after stressful event exposure. Negative socio-interpersonal factors could be particularly impactful due to their high potential to trigger losses across interconnected socio-interpersonal domains and to restrict access to socio-interpersonal resources. Given the predominance of cross-sectional data, several interpretations offered in this dissertation should be further examined in longitudinal and experimental studies. If confirmed by future research, the present findings underscore the need to prioritize the prevention of negative socio-interpersonal factors such as harassment and to support individuals with limited internal or socio-interpersonal resources in building and effectively using supportive social structures.