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# Social phobia and interpretation of social events

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## Abstract

It has been suggested that social phobia may be characterized by two interpretation biases. First, a tendency to interpret ambiguous social events in a negative fashion. Second, a tendency to interpret unambiguous but mildly negative social events in a catastrophic fashion. To assess this possibility, patients with generalized social phobia, equally anxious patients with another anxiety disorder, and non-patient controls were presented with ambiguous scenarios depicting social and non-social events, and with unambiguous scenarios depicting mildly negative social events. Interpretations were assessed by participants' answers to open-ended questions and by their rankings and belief ratings for experimenter-provided, alternative explanations. Compared to both control groups, patients with generalized social phobia were more likely to interpret ambiguous social events in a negative fashion and to catastrophize in response to unambiguous, mildly negative social events. © 2000 Elsevier Science Ltd. All rights reserved.

*Keywords:* Social phobia; Anxiety; Phobia; Interpretation

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## 1. Introduction

Cognitive theorists argue that anxiety disorders result from excessively negative appraisals of the dangerousness of certain situations and/or sensations, and that each anxiety disorder is characterized by a specific type of negative appraisal (see Clark & Beck, 1988). Such appraisals could result from a variety of sources including biases in memory, attention, judgement and

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interpretation (see Williams, Watts, MacLeod & Mathews, 1997). The present study focuses on social phobia and investigates interpretative biases.

It has been suggested (Beck, Emery & Greenberg, 1985; Clark & Beck, 1988) that at least two interpretation biases play a role in the maintenance of social phobia. First, patients with social phobia may have a tendency to interpret ambiguous social events in a negative fashion. Second, they may interpret unambiguous but mildly negative social events (e.g. mild criticism from an acquaintance) in a catastrophic fashion.

Amir, Foa, and Coles (1998) recently reported a study which investigated interpretation of ambiguous social events. A modified version of a questionnaire originally developed by Butler & Mathews (1983) was used to compare patients with generalized social phobia, patients with obsessive-compulsive disorder, and non-patient controls. Participants were presented with ambiguous social events (e.g., “someone you are dating says “hello” to you”) and ambiguous non-social events (e.g., “you receive a phone call from a clerk at your bank regarding your loan application”). After each event, three possible interpretations were presented and participants were asked to rank-order the interpretations with respect to the likelihood of coming either to their own mind or to a “typical person’s” mind in a similar situation. The results indicated that social phobia patients were more likely to make a negative interpretation of an ambiguous social event than either patients with obsessive-compulsive disorder or non-patient controls, and this effect only occurred in the self-relevant condition. In addition, the three groups did not differ in their interpretation of ambiguous non-social events.

The data of Amir et al. (1998) support the hypothesis that social phobics show a specific bias in interpretation of ambiguous social events. The present study, which was conducted at a similar time, provides a further test of this hypothesis and also tests the hypothesis that social phobics interpret mildly negative social events in a catastrophic fashion.

In the present study, interpretation of ambiguous events was also assessed with a modified version of the questionnaire of Butler & Mathews (1983). As in Amir et al. (1998), social and non-social scenarios were compared. However, the items were different and there were two changes to the response format. First, before seeing and ranking the three experimenter-produced alternative interpretations, participants were asked to write out their own interpretation of the event. Subsequent coding of the interpretations then allowed us to determine whether the thoughts that actually come into participants’ minds are similar to those represented in the experimenter-provided options. Second, after ranking the experimenter-provided interpretations, participants were asked to rate how much they would believe the interpretation if they were in a similar situation. This extension is important because, within some cognitive theories, the extent to which a patient believes interpretations can be as important as how quickly they come to mind.

Catastrophization in response to mildly negative social events was assessed with a newly developed questionnaire in which participants were presented with a range of negative social events. Response formats included both answers to open-ended questions and likelihood rankings and belief ratings for experimenter-provided interpretations. Catastrophization was defined as interpreting a specific, mildly negative event as having global and negative implications for one’s view of the self and/or one’s future.

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