



PERGAMON

Behaviour Research and Therapy 39 (2001) 129–138

**BEHAVIOUR
RESEARCH AND
THERAPY**

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Interpretations for anxiety symptoms in social phobia

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Received 17 September 1999

Abstract

This study explored the ways in which people interpret visible physical symptoms of anxiety. A group of participants with social phobia (SP) and a nonclinical control (NCC) group completed either the Actor version or the Observer version of the Symptom Interpretation Scale (SIS), designed for the purposes of this study. The SIS asks participants to rate the extent to which each of eight interpretations is a likely explanation for a number of visible symptoms of anxiety. On the Actor version of the SIS, participants are asked to judge how their own anxiety symptoms are interpreted by others. On the Observer version of the SIS, participants are asked how they typically interpret anxiety symptoms that they notice in others. When participants were asked about anxiety symptoms that they themselves exhibit, people with social phobia were more likely than nonclinical controls to think that others interpreted these symptoms as being indicative of intense anxiety or a psychiatric condition and were less likely to think that others interpreted these symptoms as being indicative of a normal physical state. Data also suggested that people with social phobia have a more flexible cognitive style when asked to interpret anxiety symptoms exhibited by others than when asked about how others view their own anxiety symptoms. These findings are discussed in the context of recent psychological models of social anxiety and social phobia. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Social phobia; Interpretation biases

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1. Introduction

Social phobia is characterized by a “marked and persistent fear of one or more social or performance situations...” in which the individual is fearful that he or she “will act in a way (or show signs of anxiety) that will be humiliating or embarrassing” (American Psychiatric Association, 1994, p. 411). In other words, in addition to fearing the possibility of making a mistake, looking unattractive or seeming incompetent, people with social phobia are often fearful of exhibiting symptoms that may be interpreted as signs of anxiety, such as sweating, shaking or blushing. People with social phobia hold this concern not only because they assume that other people will notice these symptoms, but also because others may use these symptoms to draw negative characterological conclusions about them (see Clark & Wells, 1995). For instance, people with social phobia may believe that if others notice them blushing, it will be assumed that they are anxious, weak or stupid.

Thinking in this manner is detrimental for many people with social phobia. As Clark and Wells (1995, p. 70) point out, “social phobics become preoccupied with their somatic responses and negative social-evaluative thoughts, and this preoccupation interferes with their ability to process social cues”. This inattentiveness to social cues can result in poor social performance, which in turn elicits negative reactions from others, thus confirming the fears held by people with social phobia (e.g. that they are incompetent in social situations). In other words, the cognitive style of people with social phobia not only serves to exacerbate social anxiety, but may also play a role in the maintenance of the disorder.

A number of studies have examined the ways in which people with social phobia interpret their own social behavior, keeping in mind that the process of making interpretations and the quality of those interpretations can have an important influence on social performance. Amir, Foa and Coles (1998) examined interpretation biases in people with generalized social phobia by presenting ambiguous scenarios of either a social nature or a nonsocial nature and asking participants to rank order how likely a negative, positive and neutral interpretation would be for each scenario were it to happen to themselves (self-relevant version) and were it to happen to others (other-relevant version). As compared to an anxious control group and a nonclinical control group, people with social phobia ranked negative interpretations as more likely only for social scenarios that were self-relevant and ranked positive interpretations as more likely only for social situations that were other-relevant.

Other studies have focussed on how people with social phobia evaluate their behavior in actual social situations. Stopa and Clark (1993) found that people with social phobia had more negative self-evaluative thoughts (“I am boring”) during a ‘get acquainted task’ with a stranger than did anxious controls or nonclinical controls. Individuals with social phobia also rated their coping ability and social skills more negatively than did either comparison group. In the same study, subjects were asked to imagine themselves in various hypothetical situations. Again, people with social phobia reported that they would have more negative self-evaluative thoughts in these situations than did either comparison group. Alden and Wallace (1995) also used a ‘get-acquainted task’ and found that people with social phobia were more likely than nonclinical controls to overestimate the visibility of their anxiety and to underestimate how interesting and likable they were. In a follow-up study, Wallace and Alden (1997) found that even after a positive social interaction, people with social phobia still viewed their performance negatively.

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