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# Perception of control over anxiety mediates the relation between catastrophic thinking and social anxiety in social phobia

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## Abstract

Cognitive models of social phobia (social anxiety disorder) assume that individuals with social phobia experience anxiety in social situations in part because they overestimate the social cost associated with a potentially negative outcome of a social interaction. Some emotion theorists, on the other hand, point to the perception of control over anxiety-related symptoms as a determinant of social anxiety. In order to examine the relationship between perceived emotional control (PEC), estimated social cost (ESC), and subjective anxiety, we compared three alternative structural equation models: Model 1 assumes that PEC and ESC independently predict social anxiety; Model 2 assumes that ESC partially mediates the relationship between PEC and anxiety, and Model 3 assumes that PEC partially mediates the relationship between ESC and anxiety. We recruited 144 participants with social phobia and administered self-report measures of estimated social cost, perceived anxiety control, and social anxiety. The results support Model 3 and suggest that “costly” social situations are anxiety provoking in part because social phobic individuals perceive their anxiety symptoms as being out of control.

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*Keywords:* Social anxiety disorder (social phobia); Emotional control; Anxiety control; Estimation of social cost; Cognitive model; Fear of fear

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## 1. Introduction

Contemporary models of social phobia emphasize the importance of cognitive processes (Clark & Wells, 1995; Leary, 2001; Rapee & Heimberg, 1997). According to these models, anxiety disorders are the result of cognitive biases about the nature and outcome of social situations. For example, Clark and Wells (1995) argued that individuals with social phobia believe that “(1) they are in danger of behaving in an inept and unacceptable fashion, and (2) that such behavior will have disastrous consequences in terms of loss of status, loss of worth, and rejection” (pp. 69–70). Similarly, Rapee and Heimberg (1997) hypothesized that the bias in judgment about the possible consequences of negative evaluation by others is a central feature of social phobia. This is in line with earlier writings by Foa and Kozak (1986) who proposed that social phobia is characterized by exaggerated social cost (i.e., overestimating the consequences of a negative social interaction). Supporting evidence for the idea that social cost is an important maintaining factor in social phobia comes from a study by Foa, Franklin, Perry, and Herbert (1996) who reported that social phobic participants exhibited specific judgmental biases for the costs of negative social events. The authors treated 15 generalized social phobic individuals with cognitive behavior therapy and asked participants to fill out the experimenter developed Probability/Cost Questionnaire (PCQ). The Subjective Cost Questionnaire (SCQ), the version of the PCQ that measures estimated social cost, asks participants to rate “how bad or distressing” a number of social events would be for them on a 9-point Likert scale. The findings showed that a decrease in estimated social cost from before and after treatment was highly associated with post-treatment level of symptom severity. Foa et al. (1996) concluded that estimated social cost is an important mediator of treatment change. Similar results were reported in a recent study by Hofmann (2004). This study compared cognitive behavior therapy, exposure therapy without explicit cognitive interventions, and a waitlist control group in their effects of changes in estimated social cost on changes in social anxiety. This study measured estimated social cost with Foa et al.’s (1996) Subjective Cost Questionnaire and applied Kraemer, Wilson, Fairburn, & Agras (2002) recommendations to examine mediation. Consistent with the proposed mediation model, estimated social cost correlated with treatment and had a main effect on outcome in both treatment modalities. Early changes in estimated social cost were associated with later changes in social anxiety among participants receiving cognitive-behavior therapy, which is consistent with the proposed mediation model. A similar but smaller effect was found for the exposure condition. These findings support the notion that changes in estimated social cost may be an important mediator of treatment change, as suggested by many cognitive models.

Hofmann and Barlow (2002) recently reviewed alternative models of the etiology, maintenance, and treatment of social phobia. One of these models points to perceived anxiety control, which can be reliably measured with the Anxiety Control Questionnaire (Rapee, Craske, Brown, & Barlow, 1996), as an important determinant for the etiology and maintenance of anxiety disorders. According to this model, repeated experiences of uncontrollable aversive events lead to pathological emotional states in vulnerable individuals (e.g., Chorpita & Barlow, 1998; Chorpita, Brown, & Barlow, 1998). In the case of social phobia, perceived anxiety control determines the degree to which individuals believe that they are in control over their anxiety response during social stress. Similar to other anxiety disorders, individuals with social phobia are believed to experience unexpected bursts of emotions (“true alarms” or

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