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Out of the shadows and into the spotlight: Social blunders fuel fear of self-exposure in social anxiety disorder

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ABSTRACT

In a study designed to clarify and extend previous research on social blunders in social anxiety, 32 participants with social anxiety disorder (SAD), 25 anxious control (AC) participants with anxiety disorders other than SAD, and 25 healthy control (HC) participants with no history of anxiety problems estimated the costs of hypothetical blunders committed by either themselves or by others. Participants with SAD rated the costs of their own imagined blunders as highly inflated relative to both AC and HC participants. In contrast, for blunders participants imagined others committing, only SAD and healthy control participants' cost estimates differed from one another. Moreover, concerns about revealing self-flaws – and, in particular, about appearing socially incompetent – accounted for significant, unique variance in SAD participants' exaggerated cost estimates of self blunders, over and above symptoms of social anxiety and depression. These results enhance our understanding of how and why socially anxious individuals negatively appraise social blunders and help to clarify the potential function and role of social mishap exposures in the treatment of SAD.

1. Introduction

Social blunders are inadvertent violations of normative standards of behavior. Although blunders can be embarrassing and unpleasant, most people view them as relatively fleeting and inconsequential. For individuals with social anxiety disorder (SAD), however, committing a social blunder may represent a much greater threat. People with SAD are highly motivated to avoid the scrutiny and evaluation of others (Weeks, Rodebaugh, Heimberg, Norton, & Jakatdar, 2009). They tend to view themselves as having low social currency and as holding an especially tenuous position within the social hierarchy (Antony, Rowa, Liss, Swallow, & Swinson, 2005; Moscovitch, Gavric, Merrifield, Bielak, & Moscovitch, 2011; Rodebaugh, 2009; Weisman, Aderka, Marom, Hermesh, & Gilboa-Schechtman, 2011). When their self-evaluative concerns are activated by social threat, they often adopt the use of safety behaviors that function to conceal the self and prevent perceived personal flaws from being exposed to the criticism of others (Moscovitch et al., 2013; Plasencia, Alden, & Taylor, 2011; Taylor & Alden, 2011). Thus, from the perspective of the socially anxious, social mishaps may be particularly threatening by virtue of their power to thrust them unexpectedly into the spotlight, illuminating their deficiencies for all to see (Moscovitch, 2009).

Socially anxious individuals' fears of committing social blunders take shape within their imagination (Clark & Wells, 1995; Hofmann, 2007; Moscovitch et al., 2011; Rapee & Heimberg, 1997). Before, during, and after social events, they tend to envision themselves behaving in a socially unacceptable manner, leading, at least in their minds, to dire interpersonal and emotional consequences (see Chiupka, Moscovitch, & Bielak, 2012; Hofmann, 2007). Within these images, the self is represented in a manner that corresponds with deeply held fears about appearing socially incompetent, visibly anxious, or physically unattractive (see Moscovitch et al., 2011). Although the imagined self is typically a negatively distorted representation of reality, the image carries significant meaning and impact for socially anxious individuals because it is often rooted in autobiographical memories of genuine earlier experiences during which they felt socially excluded, rejected, or humiliated (Hackmann, Clark, & McManus, 2000; Moscovitch et al., 2011).

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In a recent study, we investigated perceived social consequences of imagined social blunders in undergraduate students with high versus low levels of trait social anxiety (Moscovitch, Hesch, & Rodebaugh, 2012). Results indicated that high socially anxious participants perceived the negative consequences of imagined blunders as being highly inflated, whether they envisioned the blunders being committed by themselves or by a third party. In other words, socially anxious participants tended to overestimate how costly it would be for *anyone* to violate social standards, even when the costs were not personally relevant. While these findings support the notion that imagined blunders readily trigger exaggerated cost estimates in social anxiety (see Hofmann, 2007), they are inconsistent with the "double standard" hypothesis, which states that socially anxious individuals may be apt to apply higher standards of evaluation to their own social behavior than they are to the behavior of others (see Amir, Foa, & Coles, 1998; Voncken, Alden, & Bögels, 2006). Our confidence in these conclusions, however, is tempered by important methodological limitations of this prior study, including the use of an analog sample of socially anxious undergraduate students rather than a clinical sample of participants with social anxiety disorder as well as the absence of an anxious control group of participants with anxiety-related difficulties other than social anxiety. The present study is designed to improve upon these limitations and, in so doing, to clarify and extend the results of our original investigation.

Deepening our understanding of the cognitive-behavioral facets of imagined social blunders in clinical samples may be of particular interest to anxiety researchers because of the potential for treatment advancements in this area. Based on the established findings that inflated social cost estimates play a central role in the persistence and treatment of SAD (Hofmann, 2004; Foa, Franklin, Perry, & Herbert, 1996; McManus, Clark, & Hackmann, 2000; Smits, Rosenfield, McDonald, & Telch, 2006; Taylor & Alden, 2008), some investigators have promoted the value of integrating *intentional social mishap exposures* into cognitive behavioral treatment protocols for SAD. During such exposures, perceived social costs are targeted by having patients repeatedly commit blunders for the purpose of observing and learning that feared consequences (e.g., being ridiculed by others) do not typically occur (Hofmann & Scepkowski, 2006; Fang, Sawyer, Asnaani, & Hofmann, 2013). Despite the potential utility of this intervention, a recent experimental study showed that social mishap exposures may be less effective than cognitive restructuring for facilitating reductions in social cost biases and reducing symptoms of social anxiety (Possis et al., 2013). In fact, Possis et al. (2013) reported that post-intervention measures of social anxiety and social cost did not differ between the social mishap condition and a psychoeducation control condition.

These mixed findings are representative of the literature in this area, which is still quite small and lacking consistent or conclusive data on exactly how and why socially anxious individuals misinterpret social blunders. Thus, more research is needed to enhance our understanding of how social mishaps are imagined and perceived in social anxiety and to develop a strong empirical foundation upon which practitioners can rely in order to implement evidence-based interventions for SAD.

In the present study, participants with a clinical diagnosis of SAD, anxious control (AC) participants with anxiety disorders other than SAD, and healthy control (HC) participants with no history of anxiety problems provided estimates of the perceived interpersonal and emotional costs of hypothetical social blunders that they imagined being committed both by themselves and by others. We formulated hypotheses based on the tenets of cognitive models of SAD that ascribe a central role to negative self-perception in the development and maintenance of the disorder (Clark & Wells, 1995; Hofmann, 2007; Moscovitch, 2009; Rapee & Heimberg, 1997). To this end, we expected that for blunders that participants imagined committing themselves, individuals with SAD would report inflated social costs relative to both ACs and HCs. We predicted that SAD participants' exaggerated cost estimates of self blunders would be associated specifically with how concerned they felt about the possibility that their perceived personal flaws would be exposed to others. Conversely, we hypothesized that for blunders participants imagined other people committing, individuals with SAD would not overestimate costs relative to ACs because such cost estimates would not be fueled by concerns about self-exposure.

2. Method

2.1. Participants

Thirty-two participants with a principal diagnosis of SAD, 25 AC participants with anxiety disorders other than SAD, and 25 HC participants with no history of anxiety problems took part in this study. Descriptive sample characteristics are listed in Table 1.

All diagnoses were based on DSM-IV-TR criteria (American Psychiatric Association, 2000). The SAD and AC groups were recruited from two sites: the Anxiety Studies Division of the Centre for Mental Health Research at the University of Waterloo and the Anxiety Treatment and Research Clinic at St. Joseph's Healthcare Hamilton. Participants in the SAD and AC groups were assessed by trained graduate-level clinicians under the supervision of registered clinical psychologists using semi-structured diagnostic interviews. Prior to administering the interviews independently, all assessors received intensive, formal training in DSM-IV diagnostic criteria. They were required, first, to observe trained assessors conducting interviews and, later, to reach proficiency in interview administration and diagnosis by (a) conducting their own interviews under the observation of experienced assessors and (b) formulating independent diagnoses that showed evidence of strong interrater reliability with the more experienced assessors.

At the Hamilton site, the *Structured Clinical Interview for DSM-IV* (SCID-I; First, Spitzer, Gibbon, & Williams, 2002) was used. The SCID-I has been shown to produce adequate 7–10 day interval test–retest interrater reliability for diagnosing anxiety disorders (e.g., kappa = .59 for diagnosing SAD in Zanarini et al., 2000) and strong same-session joint interrater reliability (e.g., kappa = .83 for diagnosing SAD in Lobbestael, Leurgans, & Arntz, 2011). Consistent with such data, the joint interrater reliability of SCID interviewers at the Hamilton anxiety clinic has been shown to be strong in previous studies (e.g., kappa = .89 for principal diagnoses in a small sample of $n = 13$ outpatients in Rowa et al., 2015).

At the Waterloo site, diagnoses were formulated based on the administration of both the *Mini International Neuropsychiatric Interview* (MINI 6.0; Sheehan et al., 1998) and the specific symptom checklists for SAD, Obsessive Compulsive Disorder, Specific Phobias, and Generalized Anxiety Disorder from the *Anxiety Disorders Interview Schedule for DSM-IV* (ADIS-IV; Brown, DiNardo, & Barlow, 1994). The MINI 6.0 is a structured clinical interview for the major Axis-I disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR; APA, 2000) and International Statistical Classification of Diseases, Tenth Revision (ICD-10; World Health Organization, 2004). The MINI is significantly quicker to administer than the SCID but its psychometric properties and patient acceptance have been shown to resemble those of the SCID-I (Pinninti, Madison, Musser, & Rissmiller, 2003; Sheehan et al., 1998). The ADIS-IV symptom checklists were administered by the Waterloo interviewers alongside the MINI modules for these disorders in order to collect more comprehensive clinical information to aid differential diagnosis. Previous studies (e.g., Brown, Di Nardo, Lehman, & Campbell, 2001) have shown that the ADIS-IV is a valid