Social Phobia: Effects of External Attention on Anxiety, Negative Beliefs, and Perspective Taking

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When entering anxiety-provoking social situations, individuals with social phobia tend to shift attention inward, toward the self. This tendency is likely to diminish the potential for exposure to correct negative beliefs and associated anxiety. The present study tested the hypothesis that by shifting to an external attention focus on disconfirmatory information, the effectiveness of brief exposure is increased. This hypothesis was tested in a single-case series of 8 socially phobic patients. Following an initial behavior test, half of the patients received one session of exposure alone followed by one session of exposure plus external attention focus, while the other half of the patients received these sessions in reversed order. Both conditions were rated as equally credible. Exposure plus external attention focus was significantly more effective than exposure alone in reducing within-situation anxiety and belief in feared catastrophes. Moreover, the attention condition produced a shift from an observer to a field perspective in patients' images of the feared social situation. A manipulation-check measure of degree of self-focused attention confirmed that the attention manipulation had influenced self-focus as intended. The role of attention manipulations in the treatment of social phobia is discussed.

Attentional processes have been implicated in the maintenance of emotional disorder (Wells & Matthews, 1994, 1996). In particular, attentional mechanisms may interfere with the effectiveness of treatment because they diminish individuals' ability to process information that is incompatible with their fears.

This study examined the effects of attention manipulations during brief exposure in social phobic patients. Heightened self-focused attention and its negative consequences on social performance and attributions in social anxiety have been highlighted by a number of investigators (Hartman, 1983; Hope, Gansler, & Heimberg, 1989). In a cognitive model of social phobia, Clark and Wells (1995) suggest that when social phobics enter feared social

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situations they tend to shift attention inward, toward the self. Self-focus of this type may be a component of individuals' coping attempts in which they actively monitor performance and engage in particular within-situation safety behaviors aimed at preventing embarrassment and humiliation (Salkovskis, 1991; Wells, Clark, Salkovskis, et al., 1995). The model proposes that social phobics use interoceptive information to construct an impression of how they think they appear to others (Clark & Wells). That is, individuals with social phobia tend to assume erroneously that the way they feel is the way they are perceived (McEwan & Devins, 1983). This impression is often in the form of an image from an "observer perspective," in which the individual views him- or herself from another person's vantage point (Wells, Clark, & Ahmad, 1995). The observer image consists of a distorted negative impression of the conspicuousness of symptoms. Even when symptoms are more apparent, self-focused attention interferes with the processing of other people in the environment, so that socially anxious individuals may feel conspicuous, or as if they are the center of *everyone's* attention, when this is not the case. Self-focus, therefore, interferes with the processing of information that can provide disconfirmation of negative beliefs.

Attention modifications are central components of the cognitive therapy of social phobia advanced by Wells (1997) and Wells and Clark (1997). One of the initial stages of treatment consists of exposure to anxiety-provoking social situations combined with the abandonment of within-situation safety behaviors and a shift to external attention processing. This shift is necessary to configure an individual's attention system to register disconfirmatory information (Wells & Matthews, 1994, 1996).

The present study investigated the effects of attention strategies by comparing the effects of one session of brief exposure alone with one session of exposure plus an external attention focus manipulation. Each condition was accompanied by a different, appropriate rationale, and the duration of exposure was the same in both conditions. We predicted that exposure plus external attention focus would be more effective than exposure alone with no change in attention, in reducing negative belief, anxiety, and shifting patients away from an "observer" perspective to a "field" perspective (i.e., seeing one's surroundings) in post-exposure images of the anxiety-provoking social situation. The exposure period used was not intended to resemble the more extended exposures delivered in behavior therapy, but it was intended to act as a control for nonspecifics such as a credible rationale and in-situation variables. Brief exposure has a further advantage of more closely resembling the nature of encounters experienced by social phobics in their daily life, and therefore offers a more ecologically valid test of attentional factors that impede belief change in social phobia. Brief exposure also models the type of exposure experiments used in cognitive therapy (e.g., Wells, 1997) and is likely to provide data relevant to optimizing the efficacy of such procedures.

Method

Subjects

Eight patients (four females) meeting *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III-R*; American Psychiatric Association, 1987) criteria for generalized social phobia were included in the study. All patients had been referred for outpatient treatment of social anxiety. The study was presented as an optional part of research into social phobia. Subjects were informed that the study was an investigation of the thoughts and feelings associated with anxiety-provoking social encounters, and would consist of brief exposure to a personally relevant feared social situation. Diagnoses were made following administration of the Structured Clinical Interview for *DSM-III-R*–Patient Edition (SCID-P; Spitzer, Williams, Gibbons, & First, 1990). Although diagnostic reliability data are unavailable, SCID-P interviews were all conducted by the second author, who had received previous training in the use of the instrument, and had 2 years subsequent experience and supervision. In addition, before a decision on diagnosis was made, each patient was discussed with the first author, who had more extensive experience using the SCID-P. The ages of patients ranged from 18 to 56 years, and problem duration ranged from 4 to 33 years. Screening for concurrent Axis I and Axis II disorders was also undertaken. Patients were excluded from the study if (a) social phobia was not the primary diagnosis, and (b) subjects had received previous psychological treatment. Two of the patients met criteria for avoidant personality disorder (APD). None of the patients were taking psychotropic medication.

Measures

A range of self-report measures were administered during the assessment session so that we could describe the sample fully: Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988); Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961); Fear of Negative Evaluation scale (FNE; Watson & Friend, 1969); Social Avoidance and Distress scale (SAD; Watson & Friend); Social Phobia Scale (SPS; Heimberg, Mueller, Holt, Hope, & Liebowitz, 1992; Mattick & Clarke, 1989); Social Interaction Anxiety Scale (SIAS; Heimberg et al., 1992; Mattick & Clarke); Fear Questionnaire (FQ; Marks & Mathews, 1979); and Social Cognitions Questionnaire (SCQ; Wells, 1997; Wells, Stopa, & Clark, 1995). The SCQ is a 22-item scale measuring commonly reported negative thoughts and beliefs when socially anxious over a period of the preceding week. Cronbach's alphas for the SCQ subscales ranged from 0.72 to 0.84 (for further psychometric properties, see Wells).

Dependent Measures

Three dependent measures were used to assess the relative impact of the two experimental conditions. Anxiety level and belief were each rated on a

0–100 rating scale. On the anxiety scale, 0 was labeled "not at all anxious" and 100 was labeled "the most anxious I have ever been." On the belief scale, 0 was labeled "do not believe the thought at all" and 100 was labeled "completely convinced the thought is true." A third scale measured the extent to which patients' images of the feared social situation were from a field perspective (inside own body looking out) or an observer perspective (outside of self, seeing oneself from another person's point of view). This construct was measured on a bipolar scale (7-point) ranging from -3 to $+3$. The anchor points were as follows: -3 was labeled "field perspective, one of viewing the situation as if looking out through your own eyes, observing the details of what is going on around you," and $+3$ was labeled "observer perspective, one in which you are observing yourself, that is, as if you were outside of yourself, looking at yourself from an external point of view."

A general effectiveness measure was used to assess the extent to which patients found each condition helpful in overcoming their anxiety. The measure used for this purpose was a 0–100 rating scale ranging from "not at all effective" to "entirely effective."

Manipulation-check Measure

To verify that the external attention manipulation produced the desired effect of reducing self-focused attention, a manipulation-check measure was used. Subjects were asked to complete a bipolar rating scale (7-point) ranging from -3 to $+3$ of the degree of self-focused attention experienced during exposure to the anxiety-provoking social situation. On this scale, -3 was labeled "entirely externally focused" and $+3$ was labeled "entirely self-focused."

Procedure

Following assessment, a comprehensive list of social situations ranging from the least to the most anxiety-provoking was elicited for each patient. Patients were asked to select the most anxiety-provoking situation, and idiosyncratic beliefs linked to that situation were elicited. Patients were then given practice in rating anxiety and beliefs on the 0–100 scales.

Since two of the patients met criteria for avoidant personality disorder (APD), which has been conceptualized as a more severe form of generalized social phobia (for further details, see Holt, Heimberg, & Hope, 1992), they were allocated to separate experimental sequences in order to overcome possible inequalities in problem severity. All other patients were randomly allocated to a particular sequence of experimental manipulation.

The central predictions tested in this study concerned the effects observed during brief exposure; these were examined by within-subject comparisons. In order to accomplish this, a behavior test was administered prior to the first experimental condition. The behavior test served as the baseline for changes in dependent measures associated with the first experimental manipulation, and the first experimental condition served as the baseline for the second con-

dition when computing change scores. The behavior test consisted of 5 min-
utes exposure to patients' chosen idiosyncratic feared social situation. For this
test, patients were instructed to "go into the situation for 5 minutes and behave
in the way that you would usually behave." During the behavior test, patients
completed the 0–100 ratings of anxiety and belief at 1 minute, 3 minutes, and
at the end of the test. Immediately after the behavior test, a retrospective
rating of degree of self-focused attention during the test was completed by
patients, and they rated their field-observer perspective on the relevant −3
to +3 bipolar scale. Perspective ratings consisted of asking each patient to
call to mind an image of the social situation just encountered and then rate
his or her perspective in the image on the bipolar scale. Each patient then
received the two experimental manipulations in a counterbalanced sequence.
For four of the patients, the exposure-alone condition was given first, fol-
lowed by the external attention focus condition. For the other four patients,
this sequence was reversed. As with the behavior test, the two experimental
manipulations were of 5 minutes duration and consisted of exposure to the
patients' specific feared social situation. Ratings of anxiety and belief were
obtained at intervals of 1 minute, 3 minutes, and at the end of each condition.
Immediately after each manipulation, patients were asked to complete the
bipolar ratings of self-focused attention, field-observer perspective, and the
general effectiveness rating. The time interval between each exposure was
set at 10 minutes. During this period, subjects completed relevant ratings and
were given the next experimental rationale. Each condition was accompanied
by an appropriate rationale, as follows:

Exposure Alone Manipulation

"Although you have been in situations like this before,
you have tended not to stay in the situation for a planned
period of time. In order to overcome your anxiety, it is
important to stay in the anxiety-provoking situation for
a set period of time, no matter what happens to your
anxiety. This is a good way of reducing your anxiety and
discovering that your fears are not true. It works like get-
ting into a bath of cold water: When you first get in, it
feels unpleasant, but after a while it feels better. When
you stay in the anxiety-provoking situation for a set
period, you will find that your anxiety decreases. By
staying in the situation for a planned period of time, you
will become more confident and discover that your fears
are not true."

External Attention Focus Manipulation

"When you enter a feared social situation, you tend to
focus your attention on yourself. For example, your
anxiety symptoms become the center of your attention,

and because they feel bad, you think that you must look
bad. Focusing on yourself prevents you from getting a
realistic sense of the social situation. In order to over-
come your anxiety, you have to go into the situation and
allow yourself to discover that your fears are not true. To
do this, you should observe other people closely in order
to gain clues about their reaction to you. For example,
when you are self-conscious and it feels as if everyone
is looking at you, you should look around and check this
out. By focusing attention on what is happening around
you, you will become more confident and discover that
your fears are not true."

Immediately after the presentation of each rationale, a credibility rating
was made by asking patients to complete a 0–100 rating scale of the extent
to which they thought the forthcoming brief exercise would be helpful in over-
coming their fear. On this scale, 0 was labeled "not at all helpful" and 100
was labeled "entirely helpful."

Exposure to specific feared social situations was undertaken either within
or outside of the clinic setting as appropriate. Table 1 shows subjects' idio-
syncratic feared social situations and associated negative beliefs. For subjects
1, 2, 3, 6, 7, and 8, the feared situation was constructed in the clinic setting
with the help of confederates. In these cases, the confederates were not aware
of the experimental conditions. The same three confederates were present in
each one of these six cases, and they were instructed to "behave in the way
they would normally behave when in these situations." The confederates were
university secretarial staff who were invited to participate in a "social experi-
ment." The experimenter was also present during exposures and was respon-
sible for collecting anxiety and belief ratings. This was accomplished by
asking the subject for an "A" (Anxiety) or "B" (Belief) rating. Subjects 1 and
6 were asked to "engage in conversation with a small group of strangers."
They were told that they "could talk about anything they wanted but not about
their social phobia problems." For Subject 2, exposure consisted of eating
and drinking with the three confederates during a lunch hour. Subject 3 was
asked to "choose three specific neutral topics unrelated to social anxiety and
talk about a different one during each 5-minute interval." For Subject 7, expo-
sures consisted of taking part in a discussion group, and the topic chosen for
discussion was English literature. One of the confederates was asked to chair
the discussion group and elicit reactions and discussion from all participants.
Subject 8 was asked to "drink in front of others." A full glass of water was
used and this was "topped up" frequently with each exposure trial. For sub-
jects 4 and 5 the experiment was conducted outside of the clinic setting (Sub-
ject 4 received exposure alone first and Subject 5 received exposure plus
external attention first). Subject 4 feared writing in public and exposures con-
sisted of writing a letter in a crowded cafe. In this case, the subject left the

TABLE 1
Most Feared Social Situations, Associated Negative Beliefs, Diagnoses, Duration, and Problem Severity for Each Subject

Ss	Age	Sex	Diagnosis	Dura-tion (yrs)	SCID-P Severity (1–6)	Feared Social Situation	Associated Negative Belief
S1	37	M	GSP+APD	16	5	Making conversation with strangers	I'll babble/talk funny
S2	24	M	GSP	7	6	Eating/drinking with other people	I'll vomit violently
S3	40	F	GSP	24	5	Making a formal group presentation	I'll be unable to speak properly
S4	50	F	GSP	20	5	Writing in public	I'll be paralyzed/unable to write
S5	56	M	GSP	10	6	Being on a crowded bus	I'll look anxious and everyone will notice
S6	22	M	GSP	4	4*	Making conversation with strangers	I'll look like a fool
S7	18	F	GSP+APD	5	5	Being in a seminar	I'll shake uncontrollably
S8	53	F	GSP	33	5	Drinking with other people	I'll drop/spill things

Note: GSP = Generalized Social Phobia; APD = Avoidant Personality Disorder; S1–S4 = Subjects receiving exposure alone first; S5–S8 = Subjects receiving exposure plus external attention first. For SCID-P Severity: 4 = About half the time (50%); 5 = A significant majority of the time (70%–80%); 6 = Almost all the time (90%–100%).

* For S6, SCID-P Severity was coded for 4-year duration.

cafe after each 5-minute exposure. Subject 5 feared looking anxious on a crowded bus; therefore, exposures consisted of getting on a crowded bus and disembarking after 5 minutes.

Results

The patients' most feared social situations, associated negative beliefs, and descriptive variables are presented in Table 1. Means and standard deviations for the pre-experimental measures are shown in Table 2. The means on most of these measures show slightly higher values for our sample compared with those reported in other studies of social phobia (e.g., Heimberg et al., 1992).

Wilcoxon T-tests were used to compare credibility ratings. Patients rated both rationales as equally credible ($T = 10$, $p = .06$). The mean credibility rating for the exposure-alone condition was 78.8 ($SD = 12.5$); for the external attention condition it was 76.3 ($SD = 9.2$).

Figure 1 shows patients' mean anxiety and belief ratings during the behavior test, the exposure-alone manipulation, and the external attention manipulation. During the behavior test, mean anxiety ratings ranged from 55% to 80%, and belief ratings ranged from 65% to 80%. Patients who received exposure-alone first, and those who received the external attention focus first, showed similar anxiety and belief levels during the behavior test. Figure 1 shows that the external attention manipulation produced greater decrements in anxiety and negative beliefs than the exposure-alone manipulation. Wilcoxon T-tests were computed to compare change scores for each manipulation (i.e., behavior test minus first manipulation versus first manipulation minus second manipulation). For exposure alone, the mean decrease in anxiety was 10.0 ($SD = 6.2$); for external attention it was 37.5 ($SD = 8.3$). This difference was significant ($T = 0$, $p < .008$). For the belief measure, mean decrease for exposure alone was 9.6 ($SD = 8.1$), and for external

TABLE 2
DESCRIPTIVE STATISTICS FOR PREEXPERIMENTAL VARIABLES

Variable	Mean	SD	Variable	Mean	SD
BAI	33.6	8.8	SIAS	68.8	5.5
BDI	27.1	17.9	FQ-Ag	12.6	7.9
FNE	29.0	1.6	FQ-B/I	4.8	5.3
SAD	25.5	3.8	FQ-Soc	31.9	4.3
SPS	64.1	6.0	SCQ	1657.0	284.0

Note: BAI = Beck Anxiety Inventory; BDI = Beck Depression Inventory; FNE = Fear of Negative Evaluation scale; SAD = Social Avoidance and Distress scale; SPS = Social Phobia Scale; SIAS = Social Interaction Anxiety Scale; FQ-Ag = Fear Questionnaire-Agoraphobia subscale; FQ-B/I = Fear Questionnaire-Blood/Injuria phobia subscale; FQ-Soc = Fear Questionnaire-Social phobia subscale; SCQ = Social Cognitions Questionnaire.
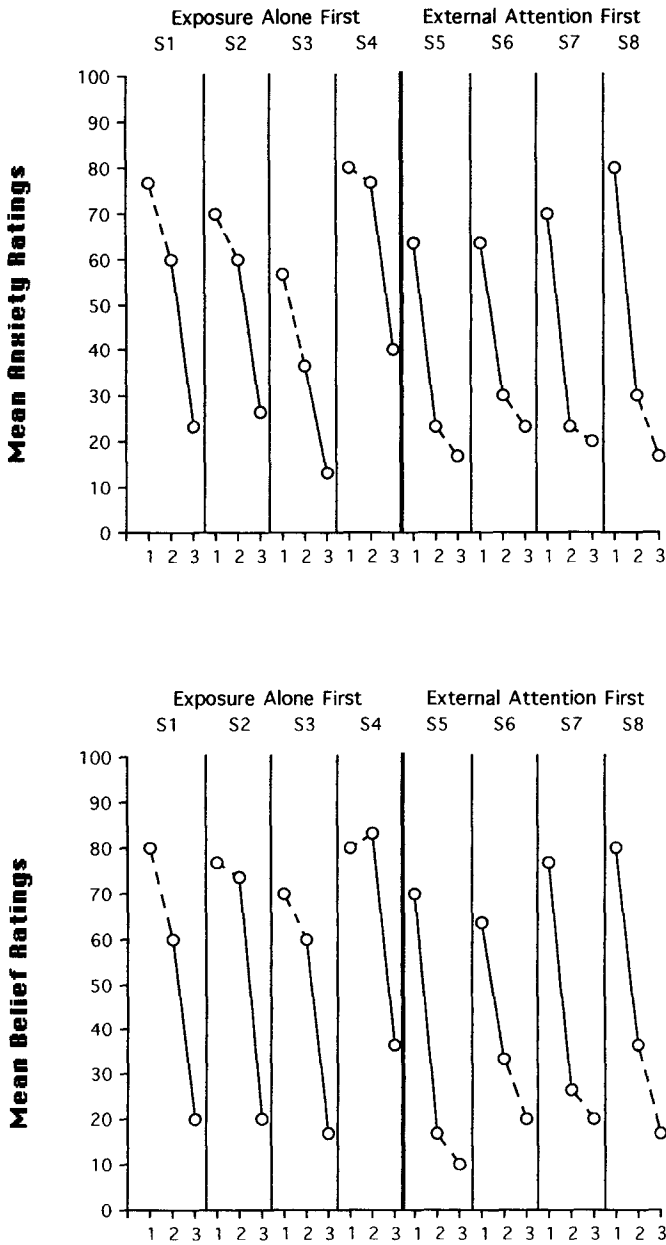
FIG. 1. Mean anxiety and belief ratings during behavior test, exposure alone, and external attention for each subject (1 = behavior test; 2 = first manipulation; 3 = second manipulation).
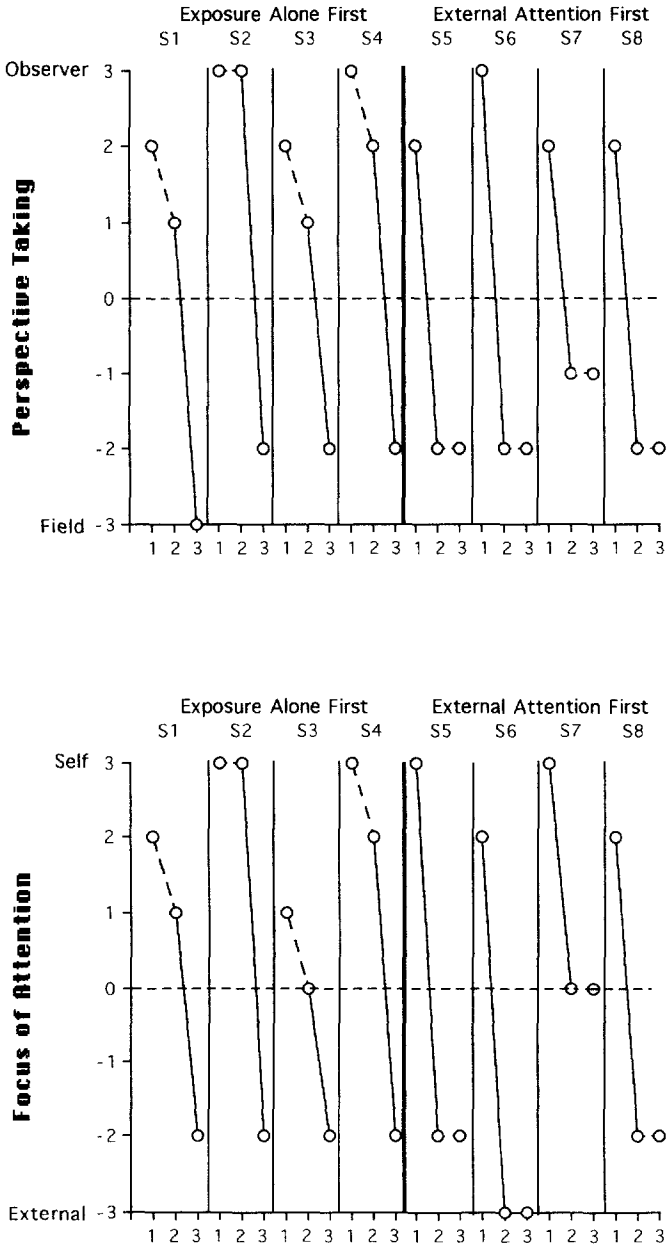
FIG. 2. Scores on perspective taking in imagery, and degree of self-focused attention for each subject (1 = behavior test; 2 = first manipulation; 3 = second manipulation).

attention it was 45.0 (SD = 7.8). This difference was also significant (T = 0, p < .008). We also examined the pattern of change in anxiety and belief across the three data points within each exposure trial. If external attention facilitates belief reduction, then we would expect a cumulative reduction in belief scores and anxiety in the attention condition. The mean data across subjects showed a decrease across the three data points in both measures during external attention. However, in the exposure-alone condition there was an increase in negative belief, and anxiety between 1 minute and 3 minutes into the trial, followed by a decrease between 3 and 5 minutes.

Ratings for perspective taking and the manipulation-check measure are displayed in Figure 2. This figure suggests that both variables are closely correlated. During the behavior test, perspective-taking ratings ranged from 2 to 3 across patients, showing a consistent observer perspective, and replicating earlier findings (Wells, Clark, & Ahmad, 1995). There was a superiority of the external attention manipulation over the exposure-alone manipulation in shifting the perspective from an observer to a field position. The mean change in perspective for exposure alone was 0.38 (SD = 0.52), and for external attention it was 4.0 (SD = 0.76), both in the field direction. This difference in change scores was significant (T = 0, p < .008). The manipulation-check measure of degree of self-focused attention demonstrated that the attention manipulation produced a considerable shift to external attention as intended. The mean change in attention focus was 3.9 (SD = 1.1) in this condition, compared with a mean change of 0.37 (SD = 0.52) for the exposure-alone condition. This difference was significant (T = 0, p < .008).

Patients' overall ratings of the effectiveness of the two manipulations demonstrated a significant advantage (T = 0, p < .008) for external attention over exposure alone. The mean rating for exposure alone was 37.5 (SD = 19.8), compared with a mean rating of 92.5 (SD = 10.4) in the external attention condition.

Matching of the descriptive data displayed in Table 1 with the outcome data for subjects in Figures 1 and 2 suggests that the patients with APD responded to the conditions as well as the patients without APD. Similarly, duration and SCID-P severity of social phobia did not appear to differentially affect outcome.

Discussion

This study tested the hypothesis that the effectiveness of brief exposure can be enhanced by techniques that reconfigure social phobics' attention away from the self and toward the external social environment. The results showed a superiority of exposure plus external attention over exposure alone when each was presented with an appropriate rationale. However, the lack of objective ratings of anxiety in this study means that we cannot entirely rule out an effect of demand produced by the experimental instructions. The

manipulation-check measure showed that the attention manipulation was effective. Nevertheless, this could similarly reflect demand. Clarification of this issue may be obtained by examining the data on perspective taking. Perspective taking may be assumed to represent another measure of self-directed attention. If the manipulation-check measure is merely reflecting demand and attention did not change, we would expect a low concordance between the observer perspective and level of external focus. Examination of Figure 2 shows a high level of concordance, supporting the idea that the manipulation was effective in changing the focus of attention.

A number of mechanisms could account for the effects of external attention focus. We believe that the attention manipulation exerts an effect through three main pathways. First, it directs attention onto external social information that is capable of disconfirming negative beliefs, such as the belief that one is the center of attention or is conspicuous. Second, external attention reduces the awareness and intensity of anxiety symptoms. The attenuation of interoceptive awareness through external focusing may allow the social phobic to prevent full activation of a negative self-image. Third, it is possible that external attention improves social performance by interrupting perseverative self-focus, and disrupting safety behaviors in a way that facilitates belief change.

In this study, we explored the effect of attention manipulations on perspectives on the self in social phobic imagery. These data showed that a shift to external attention during anxiety-provoking social situations was associated with a marked shift from an observer to a field perspective in post-exposure images. The shift to a field perspective may have important implications for challenging the negative impression of the self held by social phobics. Clark and Wells (1995) suggest that, following socially anxious encounters, social phobics tend to ruminate about the situation in the form of a "post-mortem." The post-mortem is often dominated by negative feelings and a negative impression of the self, and there may be diminished access to information concerning external events in the situation. Thus, the post-mortem may strengthen negative self-appraisals and provide little opportunity for consolidating disconfirmatory information. External attention focus during anxiety-provoking social encounters appears to shift the perspective taken by social phobics and could be used to facilitate post-mortem processing of corrective information. In summary, a shift to external processing could have helpful carry-over effects for developing a more accurate and stable self-perception in treatment.

It could be argued that the effects observed in this study are the result of distraction. Usually distraction refers to focusing attention on nonthreat stimuli. If we consider the presence of other people to be a significant threat stimulus in social phobia, the external attention condition is not distraction but is orientation toward threat. Moreover, evidence suggests that the use of distraction during exposure produces mixed results (for a review, see Wells and Matthews, 1994). In some circumstances, distraction can be counterpro-

ductive. For example, when used in conjunction with exposure, it has been associated with increase return of fear following treatment (Grayson, Foa, & Steketee, 1982, 1986; Sartory, Rachman, & Grey, 1982). In order to unambiguously address the distraction issue in future studies, it will be helpful to include a third manipulation, such as exposure plus distraction. A limitation of the within-subject design used here is the possibility that subjects continued to engage in external attention in the exposure condition when exposure was presented second. Even if this did occur, it would decrease the probability of detecting a difference between the two conditions, and therefore it does not threaten the main outcome of this study.

In conclusion, an advantage in social phobia exposure experiments could be gained by introducing external focus on disconfirmatory information during feared social situations. This manipulation facilitated decreases in negative beliefs and anxiety. The attention shift promoted changes in the perspective taken on the self in images of the feared social situation. The optimal use of attention strategies in treatment demands a careful consideration of factors, in particular: (a) a shift to external attention and abandonment of safety behaviors should be used early in treatment; (b) external attention should be used with a rationale that emphasizes disconfirmatory processing; and (c) external attention should not become a safety behavior in its own right.

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