

Vulnerability in Patients with Social Anxiety: Role of Causative Constructs for Psychopathology

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Background: Social anxiety has been reflected with increased avoidance of social situations, lower self-acceptance, negative appraisal of own performances, and self-devaluation. Moreover, characteristics as risk avoidance, hypersensitivity to social threat, and cognitive bias are also observed in these types of subjects. Several researches indicated higher negative appraisal and lower self-esteem in social anxiety disorder. It can be hypothesized that preoccupation with negative social feedback and related distresses with negative cognitive style can be predictive factors for treatment response in social anxiety.

The aim of the present work is to evaluate the mediators of social anxiety as mentioned above and to understand associations between negative appraisal, self-esteem, preoccupation with own acceptance, and resultant outcome of psychopathology.

Methods: Total seventy-six ($n=76$) patients from a hospital in Kolkata were selected who had been diagnosed with social anxiety. Social anxiety, fear of negative evaluation, positive and negative affects, self-esteem, and depression symptoms were measured using LSA Scale, FNE, PANAS, GSEI and BDI. Preoccupation related to social events was measured by a structured self-rated measure.

Results: Social anxiety was significantly positively related to depressive symptoms, $r = 0.56$, $p < 0.001$, preoccupation, $r = 0.43$, $p < 0.005$, negative affect, $r = 0.26$, $p < 0.05$, and global self-esteem, $r = 0.36$, $p < 0.005$. Depressive symptoms were only significantly related to negative affect, r 's = 0.42 and 0.31, p 's < 0.005. Negative affect was positively related to social anxiety and depressive symptoms, r 's = 0.27 and 0.44, p 's < 0.05. As for gender differences, in our sample men reported significantly greater social anxiety than women, $t(81) = 2.34$, $p < 0.05$. No other gender main or interaction effects were found in any of our models and analyses. Hierarchical regression analyses were conducted to test the roles of social anxiety,

positive and negative affects, self-esteem, and their interactions in the prediction of depressive symptoms. Significant fear of negative evaluation noted in above sample.

Discussion: Our findings indicate that patients with higher depressive symptoms exhibited lower self-esteem and greater negative preoccupation. Our previous research agrees to this findings and this has been consistent with theoretical frameworks (Clark & Wells, 1995; Rapee & Heimberg, 1997; Leary, 2000). This can in turn indicate that the combination of both social anxiety and depressive symptomatology initiate and can eventually leads to lower self-esteem and negative preoccupation. At higher levels of social anxiety, negative preoccupation was associated with increases in negative affect following decline of self-esteem. Socially anxious individuals tend to continue review of social situations which are dominated by negative interpretation biases including selective attention to anxious feelings, inferring negative outcomes based on the experience and perceived anxiety and interpreting events as social failures and developing lower self-esteem. Elevated level of fear of negative evaluations by others support the above interpretation.

Conclusion: Fear of negative evaluation remained as a distorted cognitive approach/pattern of these patients. They subject themselves to more negative appraisal and lowering of self-regulatory resources (e.g., preoccupation, self presentation) leading to amplification of emotional distress, affective dysregulation and adverse mood state.

References:

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