

VULNERABILITY OF COGNITIVE MECHANISMS IN SOCIAL ANXIETY

Angela Bogluț

Lecturer, PhD, "Vasile Goldiș" Western University of Arad

Abstract: In mental health, social anxiety is an increasingly common disorder that affects a significant percentage of the population. Like most psychiatric disorders, social anxiety is the result of a complex interaction between environmental, biological and psychological factors. Irrational inferential cognitions go beyond the perceptual act, resulting in a distorted processing of information through biases of attention, memory, and those affecting judgment, that are capable of producing a constant cognitive vulnerability. This vulnerability can be treated by cognitive-behavioral therapies and understanding the etiology of the social anxiety disorder.

Keywords: vulnerability, cognition, anxiety, structures, behavior, processing, therapy

Symptomatology and clinical conceptualization of social anxiety

Social anxiety is a type of clinical anxiety occurred at 7-12% of the people, being one of the main anxiety problems usually with a debut during teenage or at the beginning of adulthood. It is characterized by fear of and avoiding social situations, such disorder having in its centre the negative self evaluation. Both probability and the anticipated damaging consequences are exaggerated. The Diagnosis Criteria for social anxiety or social phobia are:

- strong and persistent fear from one or more social situations when the person is exposed to non-familiar people
- the exposure of the feared social situation leads almost constantly to anxiety, which turns most of the times into a limited or situationally predisposed panic attack.
- the person knows and realizes that his fear is excessive or unjustified.
- such social situations are avoided or even borne with intense anxiety.
- avoiding, anticipating the social situation interfering significantly with the daily routine, with the professional functioning or social activities or relations.
- at the individuals below 18 years old, the length is at least 6 months
- fear or avoiding is not due to direct physiological effects of a substance or of a general medical condition and is not better explained by other mental disorder

DSM – IV – TR distinguishes two subtypes of social anxiety: generalized social anxiety and specific social anxiety. Generalized social anxiety– the individual shows fear both in the situations involving performance and in the situations involving social interactions, without specifying the number of such situations. The severity of the symptoms is higher, associated to

depression, an intense conduct towards avoidance, with intense deterioration of functioning, precocious debut, chronicity and comorbidity Axis I and Axis II. These persons looking for psychotherapeutic help. Specific social anxiety – not clearly defined, it can include one or more functioning situations, but not fear from social interaction.

Social anxiety looks a lot like avoidant personality disorder by the fact that they both are characterized by a large discomfort pattern, inhibition and fear from negative evaluation in a variety of social or interpersonal contexts. Heinberg (1996, în Clarck & Beck, 2010) mentioned that 60% of the cases of generalized social anxiety fulfill the avoidant personality disorder criteria, as compared to 20% of the cases of specific social anxiety. The patients diagnosed with both disorders have a high severity of the symptoms, strongly affected functionality, deficiencies in social undertakings, low treatment motivation. The cognitive model identifies three steps of social anxiety: anticipatory step, situational exposure step and post-event processing step.

The anticipatory step may be launched by a variety of contextual or informational indices like being announced by a future social task, being present in a place which may remind a future social task. It may vary from several minutes to days or weeks. Intense anticipatory anxiety leads to a high rate of avoidant conducts and a high level of anxiety felt in the concerned social situation when it cannot be avoided. The cognitive bases of anticipatory social anxiety involve first of all effort and cognitive processing related to the approach of the social event. The preexisting desadaptive schemes will be activated, they include cognitions related to: social inadequacy; distress generated by anxiety; negative evaluations of the others; incapacity to reach the expected social standards, the patients are seen as incapable of reaching such standards. These schemes operate as a filter, determining the individual to focus on the threatening aspects of the situation, detrimental to the indications related to the fact that he is accepted by the others or that he can have a positive social experience. The memories related to past social events, especially similar to the future event are biased on the repeated updating of those experiences where social anxiety was strong, like shame, embarrassment. They will lead to exaggerated expectancies related to the existence of the threat and of personal vulnerability in the anticipated social situation. Such schemes will initiate concern, anxious rumination will intensify, maximizing the expected probability and seriousness of the negative character of the response in the concerned social situation.

In the situation exposure step, the dysfunctional schemes of threat and vulnerability are activated, which shall lead to attention bias (looking for the threat outside and focusing on internal manifestations of anxiety), dysfunctional behavior, secondary negative evaluation of his emotional state and of the performance, ineffectively using assurance behavior. Such dysfunctional schemes are the following: scheme for lack of help and lack of hope, of the socially weak and inferior self; schemes related to the others; schemes related to disapproval; schemes related to social and performance standards; schemes related to anxiety and its effects. The activation of such schemes hires attention focusing towards the processing of internal and external stimuli of social threat. It awards priority to the feedback extremely received from the others which is perceived as a sign of a possible negative evaluation, while the positive feedback will be ignored. The symptoms of anxiety as internal stimuli will also be processed with priority. The schemes lead to excessive focusing on the self in social interactions– attention to their own inner states, emotional or behavioral manifestations which may be seen as signs of anxiety and loss of control. Socially anxious persons believe that the others notice such signs and become the basis of negative evaluations on them. Therefore, interoceptive information consolidates the mental representation of the anxious person about how he thinks he is seen by the others.

Therefore, little attention resources are allotted which may allow the individual to process exterior stimuli which contradict the scheme. The person is seen as a socially negative object.

Another result of schematic activation is the manifestation of dysfunctional behaviors – inhibited in social situations, they have a rigid, stiff posture, non-articulated speech, elongated face, mumbling, do not find the right words. These behaviors are processed not only as being noticed by the others but also as negatively evaluated by the others. This inhibition is seen as a feeling of control loss, personal vulnerability and social incapacity, which will intensify anxiety. The assurance behaviors are observable behaviors like avoiding visual contact, muscle tensioning in order to avoid trembling and mental acts– memorizing the speech, brief answers during a conversation. However, they consolidate anxiety, even raise the risk of negative evaluation from the others.

The distribution of attention between exterior social threats, distorted mental representations of the self and requirements of the social task may lead to weak performance – paradigm of multiple tasks. The more complex the social task, the highest the probability of errors. In a social situation, the anxious person has a high number of threatening thoughts and images, an aware evaluation and re-evaluation, wilful of the inner and exterior stimuli consolidating threat related inferences. The more he sees himself negatively evaluated by others, the more his anxiety increases and the weaker his social performance.

The postevent processing step has an important role in maintaining social anxiety – the anxious persons realize a post-event analysis of the performance and their social results. This memory and evaluation is biased by the congruent information with the schemes of threats and personal vulnerability. They shall say they were more negative than they actually were.

Cognitive vulnerability in social health

The researches and specialty literature offer information related to the possible distal and proximal risk factors which may contribute to the development of the social anxiety disorder. The distal risk factors take place at the beginning of the chain of events which culminates with the manifestation of social anxiety symptoms and are found within the events in the family and in the context of their relations with the persons of the same age. The proximal risk factors are in a closer relationship with the debut of symptoms and consist of cognitive features: attention, memory and interpretation distortions.

Early risk factors for cognitive vulnerability

The first set of factors is represented by the factors related to the family and parenting environment. Based on attachment theory, the children with unsecure attachments develop the belief that they are not worth loving which shall lead to fury, lack of trust and anxiety, anxiety being the “fundamental condition underling unsecured attachments”. The common line in the existing studies is the fact that the individuals developing social anxiety have probably had unavailable parents, either due to mental health problems or of the absence from home. In such situations, children may blame themselves and may see themselves as unable to make and keep positive social relations. More than that, such experiences may lead to developing the belief that social relations are delicate and that any mistake may lead to their dissolution.

The attachment patterns of adults with social anxiety have been studied, based on the assumption that the mode adults relate one another is rooted in the early relation parent-child. A series of studies discovered positive associations between social anxiety and an anxious and avoidant attachment style and negative associations with the securing styles discovered that the

individuals with social anxiety had more unsafe attachments, and unsafe attachments were associated with a greater severity of social anxiety symptoms. Although some persons with social anxiety show securing attachment styles, the subjects with unsafe styles were noticed to have higher chances to being depressive.

Behavioral inhibition to the unknown, as temperament feature is another early risk factor. This behavioral inhibition may influence the precocious interactions in life, behavioral inhibited children may have less experiences of interaction with others, and when they do, the feedback received is less positive. A series of studies discovered a relationship between the behavioral inhibition in childhood, and the parents of behavioral inhibited children obtained higher rates of social anxiety as compared to the parents of uninhibited children.

Other family factors are taken into account as children may also learn on social relations from the way parents related to one another. The individuals developing social anxiety seem to be brought up in families with a focus on making a good impression to others, often existing situations when parents are ashamed with their children's shyness and their difficulties in social functions. Another aspect related to the family factors is connected to the children's observations related their parents behaviors in the social arena, both with the persons of the same age, and related to their abilities to help their children face social situations. While some parents with socially reticent children may plan willfully social interactions for their children, the most socially anxious would rather enable avoidance for their children, serving their own will of avoidance. Various studies found that socially anxious individuals see their parents as more isolated socially and account that their families as a whole socialize less often.

Other life events may contribute to social anxiety cognitive vulnerability. Marital conflicts including early parental separation /divorce, the absence of a close relationship with an adult during childhood, a long term separation from one of the parents during childhood were connected to the development of social anxiety. A strong association between the debut of social anxiety and verbal violence of the parents has been noticed, the child developing a fear from being criticized, but also being suggested that social relations, even amongst people assumingly loving each other, may be characterized by intense criticism and instability. There is as well a connection between the presence of psychopathology at parents and the development of social anxiety at children, individuals parents of which suffer from social anxiety are more predisposed to social anxiety compared to those parents of which do not have such disorder. The presence of such disorder at the parent has been the best predictor of social anxiety in teenagers, next to other types of anxiety disorders as well, depressive disorders and related to the consumption of alcohol, they were connected to social anxiety to their children, the connection between parental rejection and social anxiety of the child being significantly higher when their parents suffered from any type of psychopathology.

Cognitive factors related to the social anxiety disorder

There are many studies presenting cognitive factors with an important role in launching and maintaining the social anxiety disorder. Most of the studies are focused on distorted processing of the information: biasing of attention, memory and biases affecting judgment.

Attention biasing- It is certain that emotions have a substantial cognitive component and that their faulty operation has a fundamental role in keeping affective disorders. Positive emotions have an important role in the recovery and reinstatement processes after traumatic life events with a protective role of the psychic system after threatening situations or situations related to negative affects. Attention biasing is an experimental proven phenomenon, non-homogenous, distinct for each and every type of anxiety, of the context threats appear, on their intensity and on other factors which may influence or even determine their meaning. The research in the field of attention selectivity showed that the attention paying system is not unitary and that attention orientation is based on three distinct subsystems: attention commutation, engagement and disengagement. It is assumed that one of the dysfunctions involved in anxiety vulnerability may be the difficulty in disengaging attention from the threatening stimuli. The affected individuals “present a sensitivity and preoccupation to the stimuli in the environment presenting any interest”. A distinction is made between the adapted individual, who is alert to the threat and the social anxiety disorder individual, who is hyper-alert no matter the situation and looks for social catastrophes. In order to investigate warning biases in social anxiety, many experimental studies were performed which concluded specific reactions of the socially anxious subjects like: focusing network on specific fear, sensitivity to the feedback received and to the emotional reactions of the others, natural tendency to get towards the threats in the environment, this tendency to deviate attention from the socially relevant information, being important in understanding the etiology and preserving the social anxiety disorder.

Memory biasing - The studies interested in memory biasing make the difference between explicit memory and implicit memory. Explicit memory is that type of memory used when someone wants to learn a new material and makes an effort in order to remember such material. Implicit memory is natural learning during each and every day of life. The socially anxious individuals are inclined more towards a perspective of the observer, seeing himself as imagined to be seen by others, as compared to the subjects not suffering from social anxiety who have the tendency to take a perspective of the field (they see themselves through their own eyes). Additionally, the more the association degree between anxiety and social memories increases, the persons with social anxiety quoted their behavior within situations much more negatively. In conclusion, due to the fact that the persons suffering from social anxiety are focused on themselves, they lose important information and positive indications which might help to infirm negative thoughts and therefore judge the result of social situations as felt, not as actually occurred.

Biases affecting judgment - As related to the biases affecting judgment, we deal with two situations: judgments on the self in social situations and judgments on the social world. Many studies showed that socially anxious individuals are the harshest critics to their own person. They tend much more to interpret ambiguous social situations as negative, and as related to negative social situations, they tend to interpret negative social situations in catastrophic terms. The results of several researches showed that the socially anxious patients exhibited a more internal attribution style, global and stable regarding negative events, similar to the attribution style of the depressive patients, style suggesting that the socially anxious persons assign a greater responsibility of their own unchangeable aspects regarding the appearance of negative consequences.

Cognitive-behavioral psychotherapy in social anxiety

CBT (cognitive-behavioral therapy) is based on many clinical studies showing that the anxiety related issues may be corrected by the modification of the way people think and act. The specific factors and maintenance factors of social phobia are the target of the CBT: correction of the attention focused excessively on the negative aspects, the correction of the catastrophic interpretations, stopping avoidance behaviors etc. Practically, the persons with social phobia learn by the CBT that the anxiety during social situations may be controlled by their minds. The persons learn how to face such situations without losing control; they learn that the unpleasant physiological sensations seem exaggerate only in their minds, but are little noticed by the others; they learn how to look in another light the feedbacks of the others and to find the positive aspects of their social experiences; and even the way to effectively handle social interactions, by role exercises and games. An especially important thing these persons learn during psychotherapy are effective relaxation strategies of the body and mind. Anxiety is an exhausting problem, both for the mind and for the body, precisely as it keeps the individual in a permanent state of tension or concern. Therefore, a major purpose of psychotherapy is learning individuals how to relax by breathing procedures, muscular relaxation, autosuggestion and physical exercise. Cognitive-behavioral therapy has precise aims in settling anxiety issues, and that is: understanding the factors which preserve anxiety issues; acquiring effective relaxation strategies; changing the way of thinking predisposing us to anxiety; correcting behaviors which preserve anxiety; acquiring strategies to develop positive emotions and the positive side of life; acquiring prevention strategies of falling back; reducing depression symptoms which often accompany anxiety.

Conclusions

Summarizing, the person with social anxiety may probably avoid social situations due to the fact that they see negative consequences as unavoidable, irrespective of the efforts submitted by them under such situation. Negative predictions result in cognitive, behavioral and physiological symptoms of anxiety which contribute to the consolidation of negative representations. It often happens that our clients with social anxiety cannot avoid exposure to social situations and then, they experiment them with a high level of distress. Due to avoidance, they never learn they hold more control than they think on the consequences in their life. Therefore, we notice the need to set causal models related to the development and etiology of social anxiety disorder correlated with cognitive-behavioral therapies.

BIBLIOGRAPHY

1. American Psychiatric Association.(2003). Manual de diagnostic și statistică a tulburărilor mentale. Ediția a patra revizuită. București: Asociația Psihiatrilor Liberi din România
2. Andrews G., Creamer M., Crino R., Hunt C., Lampe L., Andrew P., Psihoterapia Tulburărilor Anxioase, Editura Polirom, 2007
3. Holdevici, I. (2005). Psihoterapia cognitive-comportamentală. Managementul stresului pentru un stil de viață optim. Editura Științelor Medicale. București
4. Leahy, R., L., Holland, S., J., 2012, Planuri de tratament și intervenții pentru depresie și anxietate, Editura ASCR, Cluj-Napoca

5. McNally și Richard, J. (1999). *Theoretical Approaches to the Fear of Anxiety Sensitivity. Anxiety Sensitivity: Theory, Research, and the Treatment of Fear of Anxiety.* Mahwah: Lawrence Erlbaum Associates

6. Tudose F., Tudose C., Dobranici L., *Tratat de psihopatologie și psihiatrie pentru psihologi*, Editura Trei, 2011