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Social Phobia: The Role of In-Situation Safety Behaviors in Maintaining Anxiety and Negative Beliefs – *Republished Article*

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One of the puzzles surrounding social phobia is that patients with this problem are often exposed to phobic situations without showing a marked reduction in their fears. It is possible that individuals with social phobia engage in behaviors in the feared situation that are intended to avert feared catastrophes but that also prevent disconfirmation of their fears. This hypothesis was tested in a single case series of eight socially phobic patients. All patients received one session of exposure alone and one session of exposure plus decrease in "safety" behaviors in a counterbalanced within-subject design. Exposure plus decreased safety behaviors was significantly better than exposure alone in reducing within-situation anxiety and belief in the feared catastrophe. Other factors that may moderate exposure effects are also discussed.

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EXPOSURE IS AN EFFECTIVE treatment for social phobia. However, the improvements obtained with exposure alone are relatively modest (Butler, Cullington, Munby, Amies, & Gelder, 1984; Mattick & Peters, 1988), and in everyday life individuals with social phobia are repeatedly exposed to social situations without marked reductions in anxiety. From a cognitive perspective, these observations can be explained by supposing that several mechanisms prevent exposure from providing patients with unambiguous disconfirmation of their fears. Candidate mechanisms include: attentional bias for fear congruent information (Hope, Rapee, Heimberg, & Dombeck, 1990; Mathews & MacLeod, 1986), enhanced awareness of fear congruent information (Ehlers, 1993), self-focused attention (Hartman, 1983; Wells, 1990), beliefs that lead to discounting of positive experiences (Beck, Emery, & Greenberg, 1985), and in-situation safety behaviors (Clark, 1989; Salkovskis, 1988, 1991). The present study focuses on in-situation safety behaviors.

Salkovskis (1991) argues that in-situation safety behaviors play an important role in the maintenance of anxiety because they prevent phobic people from experiencing an unambiguous disconfirmation of their unrealistic beliefs about feared catastrophes. When safety behaviors are used the phobic individual tends to attribute the nonoccurrence of feared catastrophes to the implementation of the safety behavior. In addition to this, it is likely that some safety behaviors also directly exacerbate

feared bodily sensations, and negatively influence the response of others in social encounters. For example, an individual with social phobia who attempts to control shaking by stiffening arm muscles and gripping objects tightly is likely to amplify tremor and impede freedom of movement, perhaps reinforcing belief in loss of control or paralysis. Similarly, the phobic person who speaks little in social encounters for fear of getting words wrong and evoking negative evaluation is less likely to receive positive feedback from others.

The in-situation safety behaviors analysis has important implications for the treatment of social phobia. It implies that exposure to feared situations will have diminished effectiveness if the socially phobic individual continues to execute safety behaviors during the exposure task. In addition, it implies that exposure should be more effective if patients are encouraged to drop their safety behaviors when in the feared situation, and this maneuver is presented within a framework that emphasizes its informational value. The present study investigated these implications by comparing the effects on anxiety and negative belief of one session of exposure with no change in safety behaviors versus one session of exposure plus decrease in safety behaviors. Each condition was accompanied by a different, appropriate rationale, and exposure duration was equated in the two conditions. It was predicted that exposure plus decrease in safety behaviors would be more effective than exposure with no change in safety behaviors.

Method

Subjects

Eight patients (five female) meeting DSM-III-R (APA, 1987) criteria for social phobia as operationalized by the Structured Clinical Interview for DSM-111-R (Spitzer, Williams, & Gibbons, 1987) were selected for the study. (Although diagnostic reliability data are unavailable, SCID interviews were all conducted by A. W., who had received training in the use of the instrument and had four years subsequent experience.) Patients' ages ranged from 24 to 53 years. None met criteria for avoidant personality disorder. Problem duration was at least 18 months, and in most cases was several years. All patients were screened for concurrent Axis I disorders. Patients meeting criteria for major depression were excluded from the study. Three of the patients reported panic attacks but did not meet criteria for panic disorder as their panics were entirely situational. All the patients had identifiable fears and related in–situation safety behaviors.

Procedure

Following diagnostic screening and identification of specific beliefs and associated safety behaviors linked to a defined social situation, patients were given practice in rating beliefs and anxiety on 0 to 100 visual analogue scales. On the belief scale, 0 was labeled "Don't believe the thought at all" and 100 was labeled "Completely convinced the thought is true." On the anxiety scale, 0 was labeled "Not at all anxious" and 100 was labeled "The most anxious I have ever been." Each patient received both experimental conditions. For five of the patients, the neutral condition (exposure plus no decrease in safety behaviors) was given first, followed by the decreased safety behaviors condition. For the other three patients this sequence was reversed. It was our original intention to test equal numbers of subjects in each sequence and this plan was executed for the first six patients. However, random allocation within these six produced a slight inequality in initial anxiety levels between the two sequences, and the remaining two patients were allocated in such a way as to remove this difference. All patients were exposed to the same situation in both conditions. Patients were asked to select situations at the top of their hierarchy. In all but one case, exposure duration was 5 minutes. For case 1, an integral part of the threat associated with social situations was the duration of the exposure, and it was necessary to use 10 minute exposures to make the situation sufficiently threatening. In six out of eight cases, the feared situation was reconstructed in the clinic setting. In two cases, the experiment was conducted outside the clinic.

The rationales presented for the contrasting exposure conditions were as follows: (Patients' idiosyncratic fears and behaviors were used for the sections in brackets).

Decrease Condition:

"We need to explore why you remain anxious in the situation. You have said that you believe you will *(feared outcome)* in the situation, and you have prevented this from happening by *(safety behaviors)*. Because you have done this you have not really discovered whether *(feared outcome)* can really happen. In order to overcome 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 try not to do the things which you normally do to prevent *(feared outcome)*. For example, when you are in the situation, do nothing to save yourself, do not *(safety behaviors)*. After staying in the situation this way you will become more confident and prove to yourself that *(feared outcome)* cannot happen."

Neutral Condition:

"Although you have been in situations like this before, you have tended not to stay in the situation for a planned period