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# The Observer Perspective: its role in the maintenance of social phobia and social anxiety

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## Thesis Abstract

Social phobia is a common and disabling disorder. The cognitive model of social phobia by D.M. Clark & A.Wells (1995) proposes four maintenance factors for social anxiety. One of these factors involves the construction of an impression of the self as a social object using interoceptive information, which can be formed into a visual image of self, seen as if from another person's viewpoint. This image is usually negative, and thus maintains anxiety. Evidence exists that the observer perspective is used more by socially anxious individuals, but there is no clear evidence for its effects on thinking, anxiety, behaviour and social performance. Theory and evidence from the social psychological literature on self-focused attention suggest that the observer perspective, itself a form of self-focused attention, would impact negatively on these factors. The current study tested the effects of the observer perspective in an experimental situation. The results indicate that high socially anxious individuals were negatively affected by the observer perspective in comparison to its opposite, the field perspective, supporting the proposition of Clark & Wells (1995) that it contains distorted negative information. Low socially anxious individuals, contrary to the predictions of this study, were unaffected by the observer perspective. Clinical implications of these findings are discussed.

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# The Observer Perspective in social phobia and social anxiety: A review of theory and evidence

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# The Observer Perspective in Social Phobia and Social Anxiety: A Review of Theory and Evidence


## Abstract

Social phobia is a common and disabling anxiety disorder. The D.M. Clark & A. Wells (1995) model of social phobia proposes four maintaining factors for social anxiety. This review focuses on one of these factors, the construction of the self as a social object. People with social phobia engage in self-focused processing, and form an impression of the using their own thoughts and feelings. This impression is usually negative and therefore maintains anxiety. This impression can sometimes be formed into a visual image, the observer perspective, where the person views the self from an external viewpoint. The current evidence in relation to the observer perspective is limited, and there is no evidence for the direct effects of taking this perspective on anxiety, thinking or behaviour, all of which are important within a cognitive model. The relevant theoretical background to the concept the observer perspective is explored and discussed. The small literature on the observer perspective is reviewed along with relevant empirical evidence from the self-focused attention literature. Conclusions are drawn from the literature reviewed about the possible effects of the observer perspective in social anxiety.

# The Observer Perspective in social phobia and social anxiety: A review of theory and evidence

Cognitive models of anxiety have been increasingly used in recent years to understand and treat anxiety disorders. Beck (1976) in his cognitive model of emotional disorders, stated that it is not events as such, but rather individuals' expectations and interpretations of them which are responsible for the production of negative emotions such as anxiety, anger or sadness. In anxiety, the important interpretations, or cognitions, relate to perceived physical or psychosocial danger. Anxious individuals pay more attention to threat stimuli, as they have a lower threshold for perceiving threat than non-anxious individuals do (McLeod, Mathews & Tata, 1986). Anxious people are more sensitive to threat in general, but their particular concerns may subsequently affect the further processing of the threat-related information. For example, a person with a specific fear of dogs may notice stimuli related to dogs at a much lower threshold than other people, such as noticing barking in the background and being hypervigilant when entering an area where dogs may be present such as a park. Cognitive models of anxiety have been developed for specific disorders, to assist with understanding and treatment.

The cognitive model of panic disorder (Beck, 1988; Clark, 1988) is a good example of how successful this approach can be. Panic disorder is a severe anxiety disorder, characterised by sudden attacks of physical symptoms, such as breathlessness, palpitations, chest pain and dizziness. People who suffer from panic disorder often think they are dying and present to the medical services. The cognitive model of panic disorder states that individuals who experience panic attacks do so because they have a relatively enduring tendency to interpret certain bodily sensations

in a catastrophic fashion. The sensations that are misinterpreted are usually those involved in normal anxiety responses, but are interpreted as much more dangerous than they really are, leading to an increase in anxiety, and therefore an exacerbation of symptoms (Clark, 1988). The tendency to catastrophically misinterpret bodily sensations leads to hyper-vigilance with regard to symptoms in the body, and this internal focus of attention allows individuals with panic disorder to notice sensations which other people would not be aware of. Often, any situation which has the potential to elicit the symptoms is avoided, and therefore the sufferer never gets the opportunity to discover that the sensations are actually innocuous. Approximately 3-5% of the total population suffers from panic attacks (Wittchen & Essau, 1991). Cognitive therapy has been successful at preventing attacks by reducing patients' tendency to interpret bodily sensations in a catastrophic fashion (Salkovskis, Clark & Hackmann, 1991).

Cognitive models of a number of anxiety disorders have been successfully developed in recent years. This review considers the Clark & Wells (1995) cognitive model of social phobia. The review starts with a brief overview of the model and then focuses on one of the proposed maintaining factors – the "observer perspective". The role of the observer perspective is described in detail together with relevant evidence from wider sources in the social psychological literature.

## SOCIAL PHOBIA

The cognitive approach to social phobia has lagged behind the other anxiety disorders. This may be partly due to the fact that social phobia was not defined as a discrete disorder until relatively recently in the Third Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III: American Psychiatric Association,

1980). Social phobia is common anxiety disorder, which is disabling because those who suffer from it fear, and where possible avoid, social and performance situations. These fears cause difficulties with work life and relationships, often leading to complications which include depression, alcoholism and suicide (Clark & Wells, 1997). The Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV: American Psychiatric Association, 1994) defines social phobia as "a marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or possibly scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing." (p.416).

## Prevalence

Community studies have shown that many people have social fears, which significantly affect their lives, but do not present for treatment (Schneier, Johnson, Hornig, Liebowitz & Weissman, 1992). Some of these individuals may meet criteria for social phobia if they presented to services, and those remaining are still likely to be suffering significant difficulty and distress.

Studies of prevalence rates in social phobia have shown large differences depending on how social phobia is defined. Chapman, Manuzza & Fyer (1995) summarise these disparate findings by saying that social phobia may affect upward of 10% of the population, and more than 20% of the population may experience significant irrational fears of social situations that do not meet full diagnostic criteria for social phobia. Epidemiological studies show that social phobia is common in the general population, and social phobia could be considered as the extreme end of a

continuum of social anxiety or difficulty, which is also likely to be fairly widespread (Schneier et al, 1992).

## Clark & Wells (1995) model of social phobia

People with social phobia seem to have a strong desire to convey a favourable impression of themselves to others, but do not feel that they have the ability to achieve this. They believe that when they enter social situations they are highly likely to behave in an unacceptable fashion and that this behaviour will have negative consequences, such as loss of social status and rejection. When a situation is perceived in this way, the individual experiences anxiety. This results in a number of cognitive, somatic, affective and behavioural changes. This 'anxiety programme' was probably useful in our evolutionary past, helping us to avoid or cope with danger in primitive environments (e.g. Trower & Gilbert, 1989). However, activation of the anxiety programme in present-day social situations where there is usually little real danger is not helpful. Indeed, anxiety responses often become further sources of perceived danger and therefore contribute to a series of vicious circles, which maintain or exacerbate social anxiety.

Firstly, the behavioural and somatic symptoms of anxiety themselves are perceived as further sources of danger and anxiety (e.g. blushing or shaking are seen as evidence that the person is making a fool of him or herself). Secondly, people with social phobia become pre-occupied with their somatic responses and negative thoughts about their own social performance, and this interferes with their ability to process social cues. People with social phobia become aware of their failure to notice and respond to social cues appropriately, and interpret this as further evidence of social failure. Thirdly, some of the ways in which socially anxious individuals may

behave (e.g. not being warm and friendly) may elicit less friendly behaviours from others and confirm fears. Finally, some of the behavioural symptoms directly produce further feared sensations, for example, talking quickly is accompanied by hyperventilation, resulting in further increased heart rate, dizziness and blurred vision (Salkovskis, Clark & Jones, 1986.)

## The Importance of Maintaining factors

Clark & Wells (1995) identify four maintaining factors and describe how each factor contributes to the maintenance of anxiety. These maintaining factors have important clinical implications, as they suggest ways of treating the disorder by removing or changing these maintaining factors. The empirical evidence on which Clark & Wells base the model and the results of subsequent research into the model are presented below.

### Safety behaviours

Social phobics engage in 'safety behaviours', which they believe to be helpful, but which in fact often exacerbate the problem. For example, socially anxious individuals may avoid eye contact to avoid seeing disapproval in other people's expressions, and, as a result appear less friendly, and elicit less friendly responses from others. Salkovskis (1991) argues that these safety behaviours play a large role in the maintenance of anxiety because they prevent phobic people from experiencing unambiguous disconfirmation of their unrealistic beliefs about feared catastrophes. For example, socially anxious people may believe that the reason they did not shake noticeably at a social occasion was because they gripped a glass very tightly, and that if they had not done this, people would have seen their hands shaking violently and

thought them odd or ridiculous. This belief perpetuates the safety behaviour, and as a result, prevents disconfirmation of the feared outcome.

In fact, safety behaviours, rather than improving social presentation, can interfere with social competence. In a single case study, Bates & Clark (1998) showed how a person with social phobia was given worse performance ratings by a conversational partner when using safety behaviours. Wells, Clark, Salkovskis, Ludgate, Hackmann & Gelder (1995) found that exposure therapy was more effective when people with social phobia managed to comply with an instruction to drop their safety behaviours, that is, there was a reduction in the extent of the belief that a feared catastrophe would occur and also a reduction in anxiety. This is presumably because the participants who managed to abandon safety behaviours were able to discover that catastrophic consequences did not follow.

The literature on the effects of safety behaviours is small. It appears from the existing literature that an increase or decrease in safety behaviours results in a corresponding increase or decrease in anxiety, suggesting that safety behaviours may play a causal role in producing anxiety. However, it is the experience of anxiety in social situations, which apparently triggers the use of safety behaviours in the first instance. Although clinicians tend to believe that socially anxious individuals use more safety behaviours than non-anxious individuals, this does not appear to have been directly tested. Therefore, although it appears from the literature available that safety behaviours raise social anxiety, further research is needed to establish the precise relationship between safety behaviours and social anxiety.

Anticipatory anxiety and post event processing

Social phobics often experience anticipatory anxiety and engage in 'post-mortem' reviews of social situations. Clark & Wells (1995) proposed that both of these processes exacerbate negative thinking and maintain a negative image of self. Mellings & Alden (2000) found support for one of these propositions in high socially anxious individuals. Participants engaged in a social interaction and then completed questionnaires about self-focused attention, awareness of physiological information and behaviour during the task. The next day they completed questionnaires about the amount of post-event processing engaged in and recall of the situation. Increased selective attention to negative self-related information was found, and was associated with negative biases in social judgements and recollections (participants' judgements and memories about the social task were more negative than that of the conversational partner). Additionally post-event processing contributed to the recall of negative self-related information, apparently because it caused negative information about the self to be better rehearsed and encoded, making the information seem more salient. However, no evidence was found in this study for selective retrieval of negative self-related information prior to a second social interaction.

There are few empirical studies that directly test this phenomenon. However the limited existing evidence is consistent with the hypothesis that post-event processing of negative information may contribute to the maintenance of anxiety. Further research is needed to establish whether there is a relationship between anticipatory processing and anxiety maintenance.

Performance deficits

According to the Clark & Wells (1995) model, anxiety resulting from the use of safety behaviours and engagement in anticipatory and post-event processing can also produce actual deficits in social behaviour, leading to social failure and further anxiety. Beck, Emery & Greenberg (1985) hypothesised that the social phobic's negative thoughts actually bring about some of the feared impairments of performance. The evidence for this prediction is contradictory. Stopa & Clark (1993) tested this assumption and found that social phobics performed less well in a conversation than controls, as rated by independent observers. Social phobics also underestimated their social performance compared to an independent rater, and reported more negative self-related thoughts than controls. In another study, Mansell & Clark (1999) also found that, compared to independent assessors, socially anxious individuals overestimated how anxious they looked and underestimated how well they came across when giving a presentation. They also remembered significantly fewer positive socially based self-referent words than the non-socially anxious group.

By contrast, several studies have failed to find objective performance deficits. Strahan & Conger (1998) found that high and low socially anxious groups found similar ratings from a panel of judges who rated their performance in role-played interview tasks. In addition, the high socially anxious group did not underestimate their own performance compared to other judges. However, participants rated six other participants before rating their own performance, which may have served to 'anchor' their idea of what constitutes successful performance. This methodological problem should not have affected the objective ratings, however. Rapee & Lim (1992) also failed to find objective performance deficits. They gave individuals with social phobia and a control group a public speaking task, and found that the

independent ratings of speaking competence were not significantly different between the two groups. However, in this study the socially phobic individuals did underestimate their performance in comparison to independent raters.

In summary, there are mixed results concerning the effect of social anxiety on objective social performance. Clark & Wells (1995) propose that a negative view of self perpetuates anxiety and may result in actual social deficits. A problem with the two studies that found no difference (Rapee & Lim, 1992; Strahan & Conger, 1998) is that negative thinking was not measured, so it is hard to say whether the high socially anxious participants were experiencing this negative self-view, or whether they were simply anxious. Additionally, the concept of objective performance is a problematic one, and opinions on good social performance may vary greatly, particularly where the social tasks were varied, as in the Strahan & Conger (1998) study.

A more consistent finding is that socially anxious individuals are likely to have a more negative assessment of their performance than non-socially anxious individuals, and are likely to underestimate their performance to a greater extent. The only study that failed to find this had significant methodological problems associated with self-rating of performance. Whether or not this negative self-view impairs actual visible performance, an unrealistically negative view of ones' own performance is likely to maintain social anxiety and discomfort, as Clark & Wells (1995) propose.

Construction of the self as a social object

In a social situation, a person's attention can be directed outward, towards other people, things and events in the environment, or it can be self-directed, towards aspects of the self and social performance. According to the Clark & Wells (1995)

model, when people with social phobia enter a social situation, they tend to focus attention on themselves and their own performance. As a result, in the focus of attention is on the self as a social object. This takes up attentional space, and so prevents attention from being directed outward to the other people in the social situation, and reduces the capacity of socially anxious individuals to process relevant information. This self-monitoring generates further anxiety, and the inward focus of attention reduces the likelihood that positive social feedback will be noticed. In addition, important social cues are less likely to be noticed and acted upon.

Clark & Wells (1995) propose that people with social phobia often get a visual image of themselves in a social situation. This image is based on interoceptive sources of information, such as somatic symptoms, (for example, racing heart, feeling hot) and thoughts and feelings about the self, which are often negative. Therefore, although the visual image may be inaccurate, it is seen as being a true representation of how the person looks to others, because it is seen from the perspective of an observer. This image represents another source of negative information about the self, increasing social anxiety still further. This image is described in the literature as the "observer perspective". The alternative to the observer perspective is the "field perspective" where the visual image is seen as though the person were viewing the scene through their own eyes, observing the details of what is going on around them. This distinction is described by Wells, Clark & Ahmad (1998).

There is some evidence to support the proposal that social phobics use somatic sensations, and also thoughts and feelings about the self, to infer how they appear to others. This is now outlined below in two sub-sections, one on thoughts and feelings about the self, the other on somatic sensations. The evidence that a visual image of the self is constructed will be examined later in this review.

Thoughts and feelings about the self. A number of studies have reported findings consistent with the idea that social phobics' beliefs that others are evaluating them negatively are not based on detailed information about others responses to them, but rather on an impression they have of themselves. Stopa & Clark (1993) found that social phobics reported more negative self-evaluative thoughts (e.g. "I'm boring) than controls, but did not report more negative thoughts that explicitly mentioned evaluation by the conversational partner ("she thinks I'm boring"). McEwan & Devins (1983) asked high and low socially anxious individuals to rate themselves on a checklist of behavioural signs of anxiety and asked a person who knew the participant well to rate them on the same checklist. High socially anxious individuals overestimated the extent to which their anxiety was observable, whereas low socially anxious individuals' ratings of the observability of their anxiety were more accurate (i.e. agreed with ratings made by a peer). One possibility is that socially anxious individuals perceive their own anxiety and use such information to create an impression of how they actually look.

Evidence from social psychological experiments shows that forming an impression of the self as a social object from self-perceptions may be a relatively common process. Kenny & De Paulo (1993) asked participants, who were unselected for social anxiety, to rate impressions of others and impressions of how they had come across to others. There was a strong relationship between how they saw themselves, and how they thought others saw them, irrespective of how they were actually seen by others. This suggests that a self-view is used by many people in assessing how they come across, but may only begin to create difficulty when the impression of self is excessively negative, as seems to be the case with socially anxious people. Kimble & Zehr (1982), Daly, Vangelisti & Lawrence (1989) and Hope, Heimberg & Klein

(1990) all found that high socially anxious participants had poorer memory for the details of a recent social interaction than low socially anxious participants. This suggests that the high socially anxious participants were focused on their own thoughts and feelings, preventing them from fully noticing the real details of the interaction. In contrast, Stopa & Clark (1993) found no difference in the details of a social interaction recalled by high and low socially anxious participants. However, the participants in Stopa & Clark's (1993) study were asked to recall details of the conversation partner's appearance and details of the room. Details of the interaction itself, such as remembering what was said, may have been a more valid way of measuring recall of a social interaction.

Despite the fact that there is evidence to suggest that socially anxious individuals may use their own thoughts and feelings to form an idea of how they come across to others, much of it is somewhat indirect.

Somatic sensations. Johannson & Ost (1982) investigated awareness of heart-rate changes in social phobics and controls. Social phobics were particularly accurate in estimating their heart rate changes, suggesting enhanced awareness of such anxiety related body changes. Mansell & Clark (1999) found that within a group of high socially anxious participants, perceived body sensations during a speech were significantly correlated with self-ratings of anxious appearance and global negative behaviours (looking awkward, embarrassed or uncomfortable) indicating that these body sensations were being used by participants to form an impression of how they were coming across to others. These studies indicate that social phobics and other socially anxious individuals have a high awareness of the bodily sensations of anxiety, and may be using these to infer how they are coming across to others. A similar process occurs in panic disorder, where an awareness of a particular physical

sensation is used to construct a negative and anxiety provoking impression that is often inaccurate. In the case of panic disorder, the impression consists of beliefs about physical illness. In the case of social phobia, the beliefs are about self being unable to appear normal in a social situation, and consequently suffering humiliation and rejection.

Summary- construction of the self as a social object

Overall, there is a growing body of evidence to support the hypothesis that social phobics and high socially anxious people use interoceptive information to construct an impression of how they come across to others, and that this impression or image may be therefore more negative than the actual impression that others receive. The proposal that the impression incorporates, or is based on, an actual visual image derived from this information is reviewed in the following section.

## THE OBSERVER PERSPECTIVE

The observer perspective is the term that describes the constructed visual image that plays a central role in Clark & Wells' (1995) model of social phobia. The observer perspective has two components; one is a mental visual image, the other involves attention to the self. This review will now discuss both areas in order to establish whether there are theoretical and empirical grounds for the concept of the observer perspective and its proposed effects on social anxiety. The section on imagery is divided into four parts. The first discusses the effects of imagery on emotion and behaviour. The second looks at the small literature about imagery in social phobia. The third section looks at imagery in memory, and the fourth summarises the discussion in the first three sections and how it is relevant to the Clark

& Wells (1995) model, and the observer perspective in particular. The section on self-focused attention is divided into two sections that outline and discuss two theoretical models of self-focused attention relevant to the observer perspective, and related issues.

## Imagery

Images are defined as contents of consciousness that possess sensory qualities, as opposed to those which are purely verbal or abstract (Hackmann, 1998). Whilst images can have qualities associated with any of the sensory modalities, visual imagery is the most common (Horowitz, 1970). Memories can also come to awareness as images with sensory qualities, such as in the case of 'flash bulb' memories of events.

### Effects of imagery on emotion and behaviour

Images are highly relevant to cognitive models of anxiety. According to these models, dysfunctional anxiety results from distorted appraisals of the danger of various stimuli across a variety of situations. These appraisals are often described as if they are verbal thoughts. However, according to Beck (1976), appraisals are meanings sufficient to account for the strength of the emotion being experienced. Meanings are conveyed through images and memories as well as verbal thoughts, in fact images can contain large amounts of information and be highly charged with significant affective meaning. In social anxiety, the observer perspective, which may incorporate a negative visual image of the self, could have a profound impact on anxiety.

Buzan & Buzan (1997) suggest that images are often more evocative than words, and can be potent in triggering a wide range of associations and accompanying affect. Therefore, changing or transforming an image in therapy might therefore bring a more significant emotional shift than challenging a verbal thought. Using techniques to transform images in therapy (e.g. Layden, Newman, Freeman & Byers-Morse, 1993), can have positive effects on distress or anxiety. Creating new, more functional images in therapy can have a positive affect on behaviour (Hackmann, 1998).

Although images are often used in clinical work, particularly in work with the survivors of sexual abuse and people with post traumatic stress disorder (e.g. Smucker, Dancu, Foa & Niederee, 1995) there are few systematic studies that have looked at the behavioural effects of changing imagery. In one such study of speech-anxious individuals, Ayres, Hopf & Ayres (1994) showed that visualisation, if sufficiently vivid, could result in reductions of negative thoughts and state and trait communication anxiety. Additionally, in the sports psychology literature, it has been shown that creating positive imagery can result in improvements in performance (Fenker & Lambiotte, 1987) and reductions in performance related anxiety (Tremayne & Barry, 1990). Imagery has also been used in sport to replace negative thoughts and self-statements with positive ones (Ungerleider, 1985).

The power of imagery has been explored in some of the anxiety disorders. Beck, Laude & Bohnert (1974) investigated spontaneously occurring images using free recall in a group of patients with various anxiety disorder diagnoses. They found that images were common and often depicted both physical and psychosocial danger. The authors suggested that images were as likely as thoughts to cause behavioural avoidance, and thus to maintain the disorder. Although this was not demonstrated experimentally, the effects of imagery demonstrated in sports psychology and speech

anxiety suggest that imagery does have power to change behaviour. If positive imagery can improve behaviour, it is possible that negative imagery could maintain problematic behaviour. In social phobia, a negative image from an observer perspective could both raise anxiety and contribute to behavioural avoidance.

## Imagery in social phobia

Research suggests that negative imagery does indeed play a role in social phobia. Hackman, Surawy & Clark (1998) compared 30 socially phobic participants and 30 non-patient controls using a semi-structured interview which focused on spontaneously occurring images. Participants with social phobia were significantly more likely than controls to report experiencing images when anxious in social situations. In addition, their images were significantly more negative, and significantly more likely to involve seeing themselves from an observer perspective. Clark & Wells' (1995) hypothesis states that self-generated images of how one might appear to others are the main source of information that people with social phobia use in order to infer how they actually appear. This research supports the hypothesis that individuals with social phobia use these images, that they tend to be negative, and suggests the possibility that they maintain anxiety.

The above study contained no anxious controls, so there is no way of knowing whether these negative images are unique to social anxiety and phobia or whether they are present in other forms of anxiety also. However, Wells and Papageorgiou (1999) explored perspective taking images of anxiety-provoking social situations and also neutral situations (non anxiety provoking, non-social) with four groups; patients with social phobia, agoraphobia, and blood-injury phobia and a non-patient group. They found that the socially phobic group was the only group that shifted perspective,

that is, they recalled the non-social situation from a field perspective and the social situation from the observer perspective. The blood injury phobics and non-patients remembered both situations from a field perspective. However, the agoraphobia patients remembered both from an observer perspective. Wells & Papageorgiou (1999) concluded that the study confirms that the observer perspective is a feature of people with social-evaluative concerns, not of anxiety disorders alone, and suggested that people with agoraphobia, who tend to have social-evaluative concerns, may have a stable perspective on the self characterised by constant processing of public self-image. In contrast, socially phobic people have a fluctuating perspective, depending on whether or not they are alone. This explanation, however, requires further investigation, as it was not explicitly tested. A study of observer and field perspective taking could be done with agoraphobic participants, also measuring social-evaluative anxiety using an instrument such as the Fear of Negative Evaluation Scale (Watson & Friend, 1969). If the above explanation is correct, people with agoraphobia who scored higher on social-evaluative anxiety would use the observer perspective more frequently than those who were low on this dimension.

In the above study, the non-social situation was a neutral, non anxiety-provoking one, and therefore did not demonstrate whether or not anxiety provoking non-social situations would also produce an observer perspective. Wells et al (1998) asked 12 people diagnosed with social phobia and 12 non-patient controls to recall an anxiety-provoking social situation and an anxiety provoking non-social situation. The patients with social phobia differed significantly from the control group in their tendency to recall social situations from an observer perspective, whereas they did not differ in recall for the non-social situations, for which both groups adopted a field perspective.

The above series of experiments suggest that people with social phobia do use the observer perspective, and that non-social anxiety does not trigger use of the observer perspective. There is some confusion about whether there are observer experiences, as well as observer memories. Observer experiences would involve taking the observer perspective in vivo in a social situation, whereas observer memories involve recalling an event from the observer perspective. Hackmann et al (1998) asked participants to recall whether they had experienced an image during the event they were attempting to recall, whereas the other studies simply asked for recall. As memory can be reconstructive, it is possible that reconstruction is involved in the Hackmann et al (1998) study. However, even if reconstruction was occurring in this study, it still suggests that social phobics are using negative imagery more than non-phobics, and may thus maintain anxiety even if some of the material is partly or wholly constructed from memory. It is also possible that reconstructed negative images of the self appear in the mind during social situations, which is consistent with what Clark & Wells (1995) suggest. The issue of whether the observer perspective occurs in vivo will be considered later in the review. In the next section, images in memory will be further explored.

## Images in Memory

Nigro & Neisser (1983), used the terms "observer memory" and "field memory" to describe the perspective from which memories were remembered, where individuals either look in on the self from outside (observer) or view the scene through their own eyes, observing the details of what is happening around them (field). Nigro & Neisser carried out a series four exploratory studies, developing hypotheses from the evidence as they collected it. They found that memories

remembered from an observer perspective tended to occur when the participants were asked to focus on objective facts whereas a focus on feelings tended to produce field memories. However, when feeling was overwhelming, as in memories of frightening or traumatic events, they were often remembered from an observer perspective. This has interesting implications for social phobia, as socially anxious individuals may remember situations from this perspective because these situations are overwhelmingly difficult and anxiety provoking for them.

Self-awareness was an important component of memories that were remembered from an observer perspective. When participants were asked to recall situations which produced an awareness of the self as a social object (e.g. an incident of embarrassment; giving a public presentation) observer memories were produced more frequently than if the person was asked to recall a non-observed state (studying, walking alone). This is also consistent with the Clark & Wells (1995) hypothesis about the observer perspective being associated with awareness of the public self.

Nigro & Neisser's (1983) research did not adopt any particular theoretical framework. However, the results do support the existence of these two types of perspective in memory, and some of the factors associated with them. Nigro & Neisser concluded that memories could be affected by the characteristics of the original event, the individual's purpose in recalling that event, and the recall interval.

Nigro & Neisser (1983) suggest that the individual's purpose in recalling the event can influence whether it is remembered from a field or an observer perspective. This has methodological implications for studies in this area. For example, if a person is self-focused when remembering an event, he or she is more likely to remember the event from an observer perspective. For socially anxious individuals, this could mean that previous experiences are more likely to be remembered from an observer

perspective if the person is currently self-focused, even if the event was originally experienced from a field perspective. If this is the case, the studies on the observer perspective in social phobia suffer from a methodological confound because they fail to distinguish between the memory of a perspective and the actual perspective which was adopted in vivo. However, as argued above, memories may be used to construct an in vivo perspective, which is consistent with the argument that Clark & Wells (1995) propose.

### Summary of the relevance of imagery in social phobia

Images are important in the maintenance of anxiety, and can be as powerful as verbal thoughts in the meaning they contain and in the affect they evoke. The observer perspective is a visual image. There is some clear evidence that the observer perspective is experienced in memory, and that social phobics are more likely to remember in the observer perspective than controls when recalling social situations. Social phobics report experiencing observer perspective images in actual social situations, but there may be an element of reconstruction occurring. However, it is possible that there are observer experiences. Further evidence for the existence of these will be discussed in the next section on self-focused attention.

## Self-focused attention

Heightened self-focused processing is a characteristic of many emotional disorders (Hartman, 1983). There is a large social psychological literature on the effects of self-focused attention, which is beyond the scope of this review. However the observer perspective is one form of self-focus and therefore studies that are most relevant to this concept are reviewed below.

Two theories are relevant to the concept of the observer perspective. The first is Duval & Wicklund's (1972) theory of Objective Self-Awareness, the second is Carver & Scheier's (1981) Cybernetic theory of Self-Regulation. Both theories are reviewed in the following sections.

## Duval & Wickund's (1972) theory of Objective Self-Awareness

The idea of the self as a social object is not new. Mead (1934) argued that the uniqueness of the self lay in the fact that it could be an object unto itself, whereas no other event in the universe was reflexive in the same way. Mead proposed that when a person's experience is absorbed or preoccupied with objects in the surrounding environment, then the self is the subject of consciousness. However, when individuals become aware of themselves as objects in the world, they experience a sense of being outside themselves, observing themselves as another person would, and become the object of their own consciousness.

In line with these ideas, Duval & Wicklund (1972) proposed two forms of conscious attention, and used the terms 'objective' and 'subjective' self-awareness to describe them. Objective self-awareness occurs when a person's attention is focused on the self as an object. Subjective self-awareness occurs when attention is directed away from the self towards external objects, as the person is then the subject of his or her consciousness. According to Duval & Wicklund, a high level of objective self-awareness causes a person to adopt an external visual perspective, as though the person were looking at him or herself from outside. This represents a particular kind of self-focused attention, and is a similar in kind to the observer perspective.

By comparison, subjective self-awareness, where attention is directed outward towards people and events in the environment, is a non-self aware state in which the

field perspective would be more likely to be used. According to Duval & Wicklund (1972) the person in this state of subjective self-awareness is unaware of the self as an object in the world. In fact, the term "subjective self-awareness" is somewhat misleading, as this state is not actually self-awareness at all in the way the term is conventionally used.

The initiation of the objectively self aware state

Duval & Wicklund (1972) theorised that the subjectively self-aware state was the primary or "default" state. The conditions necessary to trigger objective self-awareness were simply an individual's awareness of his or her status as an object in the world. The conditions could be non-social such as looking in a mirror, hearing one's tape-recorded voice, or seeing a photograph of oneself. However, Duval & Wicklund go on to point out that other people are strong stimuli for objective self-awareness. If a person is aware that he or she is the object of someone else's attention, that may be sufficient to trigger objective self-awareness.

Consequences of objective self-awareness: Self-evaluation

The theory of objective self-awareness proposes that the differences between these two states of awareness have implications for self-evaluation. This is highly relevant to the socially phobic or socially anxious person. When individuals become aware of the self as an object, they do not simply react in a neutral manner, but measure themselves up against certain standards rather in the same way as they might evaluate another person. The self is evaluated against the person's own "standards of correctness" (Duval & Wicklund, 1972 p. 4), or internal model of acceptable behaviour. The particular standards used depend on the situation. This differs slightly

from Mead's (1934) idea that individuals take on others' standards of evaluation, a composite or "generalized other" (p. 159). Duval & Wicklund (1972) proposed that it was the individual's own standards that are made salient. This is relevant when considering socially anxious individuals, whose standards for social performance often appear to be unrealistically high (Clark & Wells, 1995). Their standards are based on distorted beliefs or assumptions such as "I must never commit even a small social error."

Duval & Wicklund (1972) argue that the state of self-awareness is an uncomfortable one. Although it should be logically possible to judge oneself positively against one's "standards of correctness" (p.4), they believe that the longer people remain in the objectively self-aware state, the more likely they are to perceive negative discrepancies between their actual behaviour and the relevant standard. "The objectively self-aware person will become increasingly self-critical" (p. 22). The proposition that self-awareness triggers self-criticism was tested by Ickes, Wicklund & Ferris (1973). This study showed that experimentally induced objective self-awareness had negative consequences for self-esteem indicated by differences in the self-relevant adjectives that were chosen by participants. However, there appears to be no experimental evidence to support the proposition that the experience of the objectively self aware state becomes increasingly negative as time passes.

Although the attention of other people is a strong stimulus for self-awareness, people are not continually in an objectively self-aware state whenever other people are attending to them. According to this theory, "the chronic importance of certain salient dimensions" (Duval & Wicklund, 1972, p.8) will determine which situations and stimuli will produce objective self-awareness. For example, a child who gets poor reports at school may become objectively self-aware on seeing the Headteacher in the

street, believing that the teacher is contemplating his or her poor scholastic achievement. The child will then contemplate his or her own ability along this dimension and measure it up against his/her own standards for acceptable performance. These standards may be influenced by the standards of others. In the case of the child, the standard for acceptable achievement at school may be considerably influenced by his/her parents' opinions. However, according to Duval & Wicklund's (1972) theory, it is still the individual's own standards that are critical in self-evaluation.

For socially anxious individuals, all social situations are chronically important because they are so anxious about their performance and doubtful of their ability to make a good impression. People with social phobia are therefore more likely to spend a greater amount of time in a state of objective self-awareness in a social situation than a person who is not preoccupied with social performance would. Wells et al (1998) demonstrated that people with social phobia remember social situations from an observer perspective more often than control participants. If socially anxious individuals spend more time in an objectively self-aware state in social situations, this may partly explain their high anxiety. Spending more time in a state that leads to negative self-evaluation is likely to result in an increased number of negative self-related thoughts, which in terms of the cognitive model would lead to increased anxiety.

## Evidence for the existence of an external visual perspective

Hass (1984) tested the Duval & Wicklund (1972) hypothesis about the existence of an external visual perspective with a series of experiments. Participants were asked to draw a capital 'E' on their forehead as quickly as possible. The

participants believed that they were alone. In fact the experimenter was covertly observing them to ascertain how they drew the 'E'. If the 'E' was drawn as an observer perspective image, it would be correct in orientation for the experimenter. If the 'E' was drawn from a field perspective, it would appear as a mirror image to the experimenter. Self-focus was manipulated by using a video camera, which was placed behind the participant so that there was no indication that the way they drew the 'E' was being monitored, or an auditory tape recorder placed in front of the participant. They were significantly more likely to draw the 'E' from an observer perspective in the high self-focus condition, even though they believed themselves unobserved. According to the authors, this suggests that self-focus increases the likelihood that a person will adopt an external visual, or 'observer', perspective.

An alternative explanation is that these participants were deliberately orienting the 'E' for another person. However, they believed that they were unobserved. Hass (1984) concluded that the 'E' was being drawn correctly for the participants themselves, looking at themselves from an observer perspective. However, although participants may have oriented the 'E' for an observer when self-aware, it may not follow from this that participants were using external visual perspective taking in order to do this.

Stephenson & Wicklund (1984) also investigated the existence of an external visual perspective by requiring participants to guide a blindfolded person through a finger maze. The participants were sitting opposite the person they had to guide, so the ability to take the other person's perspective would be a great advantage. There were significantly fewer errors if they had been made self-aware first, suggesting that this had indeed increased their ability to take the other person's perspective. One explanation is that self-awareness had increased their ability to use the observer

perspective. However, again it could also be argued that it is possible to take another person's perspective without necessarily adopting an external visual perspective.

The Duval & Wicklund (1972) theory of objective self-awareness proposes that there is an external visual perspective similar to the observer perspective, which occurs in vivo in a social situation. This is supported by self-reports of people with social phobia and a number of experimental studies, which have been reviewed above. Although not conclusive, the evidence to date suggests some support for the Duval & Wicklund (1972) hypothesis that external perspective taking takes place, and that it occurs in vivo as well as in memory.

## Relevance of Duval & Wicklund (1972) model to social anxiety

Duval & Wicklund's model focuses on the motivational consequences of the state of objective self-awareness, and does not focus on whether the objectively self-aware state is an invariably negative experience which results in negative self-judgements. This issue is important, however, in social situations. If all people become self-critical when they are in an objectively self-aware state, it follows that even a person low in social anxiety would become self-critical if they were to take this perspective. This could be tested by taking a group of individuals low in social anxiety, and asking them to perform a social task such as a short presentation whilst manipulating the degree of self-awareness. The effect of self-awareness could be measured by looking at self-ratings of performance in both the high and the low self-awareness conditions.

## Carver & Scheier's cybernetic theory of self-regulation

Another theoretical model that is relevant to self-evaluation in social anxiety is the Carver & Scheier (1981) cybernetic model of self-regulation. This is an extension of the Duval & Wicklund (1995) model. However, the Carver & Scheier (1981) model is different in certain respects, particularly concerning the issue of whether the effects of self-focused attention on self-evaluation are necessarily negative.

Carver & Scheier's (1981) model states that self-focus constitutes a feedback cycle, allowing the person to become aware of progress towards goals and take appropriate action if the relevant standard of behaviour is not being achieved. Attempts to reduce any discrepancy between the actual behaviour and the standard are made, and further comparisons with the standard are then performed, to assess whether a discrepancy still exists. In this model, negative affect only arises when there is a low probability of reducing the discrepancy successfully. If this occurs, the person may withdraw from further attempts to bring the behaviour closer to the standard.

In Carver & Scheier's (1981) model the assumption is that a person's degree of self-efficacy (Bandura, 1991) will determine whether they experience cognitive or emotional discomfort when self-aware. An experiment by Carver, Blaney & Scheier, (1979) showed that inducing unfavourable expectancies, for example, telling participants a task was insoluble, led to more withdrawal from tasks when self-focus was high. This suggests that negative affect was experienced when the participants did not believe they were capable of achieving well, and may have been due to an increased focus on the potential personal failure in the self-focus condition. Carver, Peterson, Follansbee & Scheier (1983) found that experimentally enhanced self-focus interacted with level of test anxiety, improving performances among low test-anxious

participants and impairing them among high test-anxious. High test-anxious people are likely to have low expectancies of achieving well on tests, and this may have led them to withdraw mentally from the task, leading to impaired performance. However low test anxious subjects, who believed themselves capable of success, demonstrated enhanced performance in the self-aware condition. The results of this experiment are consistent with the Carver & Scheier's (1981) theory: it seems that when the comparison between an individual's desired standard and his or her actual performance is small enough to seem manageable, persistence is increased and performance enhanced as a result.

Relevance of Carver & Scheier (1981) theory to social anxiety

As the above evidence relates to test anxiety, it cannot be used directly to make predictions about social anxiety. However, some of the processes described may apply to social anxiety. People who are socially anxious do not feel that they have the specific skills, abilities or characteristics required for effective interpersonal behaviour and usually have a lower expectancy of success. When self-focused, they are more likely to perceive themselves as falling short of the standards they have for themselves. This might lead to withdrawal, or if withdrawal is not possible, to mental disengagement from the social situation, which may in turn impair performance. Low socially anxious individuals have better expectancies for social success, and are more likely to find that they are meeting their goals for performance satisfactorily. They are therefore less vulnerable to negative self-evaluation and anxiety if they do become self-focused.

Carver & Scheier's (1981) theory contrasts with the Duval & Wicklund (1972) view that being in an objectively self-aware state is uncomfortable for

everyone. Carver & Scheier's (1981) theory suggests different predictions about anxiety, negative thoughts and social performance in people low in social anxiety who become self-aware compared to people high in social anxiety. A person low in social anxiety would not normally be in a state of objective self-awareness in a social situation because their social performance is not as salient for these individuals as it is for socially anxious people. If the Duval & Wicklund (1972) theory is correct, low socially anxious individuals would be equally vulnerable to negative self-related thoughts and consequent anxiety if made objectively self-aware than they would be if they were in a state of subjective self-awareness.

However, according to Carver & Scheier (1981) low socially anxious people are not likely to perceive such a large negative discrepancy between their actual and desired performance as high socially anxious people, and would therefore feel far more confident that they could perform to an acceptable standard. As a result, low socially anxious people are likely to be less self-critical, and should be relatively unaffected by the state of objective self-awareness compared to high socially anxious individuals. In fact the performance of these confident individuals might even be enhanced, as suggested by the results of Carver et al (1983) with high and low test anxious participants.

Public and private self-consciousness

Within their model, Carver & Scheier (1981) use a distinction between two states of self-focused attention, which they call public self-consciousness and private self-consciousness. This concept was initially developed by Fenigstein, Scheier & Buss (1975) who constructed a scale to measure these hypothetically different aspects of self-consciousness. Factor analysis showed that there were three sub-components

of self-consciousness: private self-consciousness, public self-consciousness, and social anxiety (Carver & Glass, 1976). Private self-consciousness represents the extent to which individuals tend to focus on psychological aspects of themselves, such as thoughts, feelings and attitudes. Public self-consciousness assesses a person's tendency to be aware of the outwardly observable aspects of the self, such as physical appearance, and the impression they may be giving to others. The social anxiety sub-scale measures the individual's reaction to being focused on by others.

Public self-consciousness is a strong predictor of social anxiety (Darvill, Johnson & Danko, 1992). Public self-consciousness appears similar to objective self-awareness in its focus on public aspects of the self: "The essence of public self-consciousness is the self as a social object" (Fenigstein et al, 1975, p.525.). Both public self-consciousness and objective self-awareness are similar to the Clark & Wells (1995) description of the self as a social object, the awareness of which is sometimes represented in an observer perspective visual image. However, private self-consciousness is <u>not</u> similar to subjective self-awareness. This is because private and public self-consciousness are both forms of self-focused attention, whereas the subjective self-awareness is the opposite – attention focused away from the self.

Public and private self-consciousness are <u>traits</u>. The objective and subjective self-awareness of Duval & Wicklund (1972) are <u>states</u>, affected by environmental factors. However, the distinction between 'private' and 'public' has also been used in some experiments as a state concept, public and private self-awareness. Fenigstein et al (1975) assume that the traits of public and private self-consciousness and their state counterparts, public and private self-awareness, would have similar consequences on behaviour; "We assume that dispositional self-consciousness has essentially the same impact on behaviour as situational self-awareness"(p.526). The concepts of public

and private self-consciousness both as states and traits have been frequently used in research on self-focused attention, and its effect on mood, thoughts and behaviour. The concept of observer perspective as discussed within the Clark & Wells (1995) model appears to be a state concept, although it is possible that highly socially anxious individuals experience the observer perspective repeatedly in social situations due to the salience of the potential evaluation by others, leading to a more enduring tendency towards its use.

## Manipulations of self-focused attention

All experiments that have manipulated self-focus depend on the validity of the manipulations used. There are several criticisms of these manipulations. They are difficult to check. Asking a person how self-focused they were in an experiment is likely to produce a bias (Wicklund, 1975), as it has the immediate effect of focusing people on themselves. However, there is reasonable evidence that certain manipulations such as the presence of a video camera, tape recorder, mirrors or audiences increase self-focus. Davis & Brock (1975) found that self-awareness manipulated by a mirror resulted in participants using more first person pronouns in an ambiguous foreign language passage. Geller & Shaver (1976) found that participants made self-aware by a video camera had increased latencies for self-relevant words in a Stroop Colour-Word interference test (Stroop, 1938) apparently because the manipulation made the self more salient in the situation. There is general acceptance of the validity of these manipulations in self-awareness research (Hass & Eisenstadt, 1991).

It has been argued that certain manipulations of self-focused attention lead to external perspective taking whereas others do not. Hass & Eisenstadt (1991) propose

that this distinction appears to follow the distinction between public and private self-awareness proposed by Carver & Scheier (1981). Audiences and video cameras draw attention to the external aspects of self, whilst drawing attention to internal processes (such as the heartbeat), or the presence of a mirror, are associated with more private aspects of the self. Although mirrors are used to monitor public aspects of the self, Carver & Scheier (1981) argue that mirrors are usually encountered in relatively private circumstances and therefore are more likely to trigger private self-awareness. Froming, Walker & Lopyan (1982) provide support for this in an experiment that compared the effects of a mirror and an audience as self-focus manipulations. They assumed that attention to the private self would result in behaviour that reflects personal attitudes, whereas attention to the public self would cause behaviour to become more consistent with societal expectations. Froming et al's (1982) results supported the hypothesis that mirrors appear to focus attention on private aspects of self whereas audiences focus attention on public aspects. From this it follows that video cameras, auditory tape recorders and audiences should produce an external visual perspective which is the same as the observer perspective.

## Summary of theoretical background for the observer perspective

Both the social psychological theories presented above, that of Duval & Wicklund (1972) and of Carver & Scheier (1981) are potentially useful frameworks within which to understand the Clark & Wells (1995) concept of the construction of the self as a social object, including the external visual perspective which seems to be describing the same phenomenon as the observer perspective. However, they lead to different predictions regarding what the effects of taking the observer perspective may be for people who are low in social anxiety.

The evidence above shows that there is some theoretical underpinning for the existence of the observer perspective and its opposite, the field perspective, and some evidence to support the hypothesis that these perspectives exist. Many of these ideas come from the social psychological literature, and have not been directly applied to the problems of individuals with social anxiety until recently, with the Clark & Wells (1995) model. Recent studies have shown that the observer perspective is apparently used by socially anxious individuals in social situations. There is little direct evidence for the effects of the observer perspective on anxiety, thinking or behaviour in social anxiety or social phobia at present.

The next section reviews the limited number of studies on self-focused attention that are relevant to Clark & Wells' concept of the self as a social object which incorporates the use of the observer perspective. Relevant studies are those that have used manipulations of self-focus that are thought to induce awareness of the self as a social object such as video cameras or audiences, or studies that use the concept of public self-consciousness or awareness. Participants in these studies are people who have social phobia, or who are selected for social anxiety or other apparently relevant phenomena, for example, speech anxiety or low expectations of success in social situations.

## Evidence relevant to concept of observer perspective

### Effects on anxiety, thinking and behaviour

Self-focused attention has been linked to social anxiety, poor social performance, increased anxiety, and negative self-judgements in a number of studies (Woody, Chambless & Glass, 1997). In a study on individuals with social phobia,

Woody (1996) looked at self-focus in relation to anxiety and performance. Half the participants were in a passive role, sitting in front of an audience whilst someone else was speaking, whereas some were in an active role, giving a presentation. Self-focus was manipulated according to whether the person was speaking about themselves (self-focus, active role) or someone else (non self-focus, active role) or whether they were being spoken about (self-focus, passive role) or just sitting before the audience (non self-focus, passive role). Participants in the passive role showed significantly higher anticipated, self-rated and observer rated anxiety in the self-focus condition, whereas those in the active role showed significantly higher anticipated and observer rated anxiety only in the self-focus condition, but showed no differences in self-rated anxiety. No differences were found in ratings of performance, either self-ratings or ratings by judges.

These results could have been affected by factors related to the self-focus manipulation used in this study. It was assumed that speakers were not self-focused when speaking about another person, however, the public speaking task in itself was likely to generate a high degree of self-focus in these socially phobic participants. The manipulation check confirmed that self-focus was very similar across the self-focus conditions for the active group, therefore the absence of a difference in self-rated anxiety could have been explained in this way. These results therefore suggest that self-focus does increase self-rated and observed anxiety. The lack of significant effect on performance could be a result of the above problems in the experimental manipulation, which may have had the effect of reducing the difference between the focus of attention conditions in the active group. Although the passive participants were also rated for performance, this role would appear to lack external validity with regard to most social situations.

Other researchers have found differences in objective performance and also in thinking as a result of manipulating self-focus. Burgio, Merluzzi & Pryor (1986) used a heterosocial conversation task and manipulated self-focus using a video camera. Participants were men who scored in the medium range on a commonly used social anxiety questionnaire, the Social Avoidance and Distress Scale (Watson & Friend, 1969). They were subsequently divided into two groups according to their responses on a self-report questionnaire concerning their expectancies of success at the task. Afterwards they measured negative and positive thoughts in an open-ended thought listing procedure and found that the self-focus condition resulted in significantly more negative and fewer positive thoughts for both groups. This is consistent with Duval & Wicklund's (1972) theory, which postulated that directing attention toward the self creates a self-evaluative reaction and almost certainly results in the discovery of a negative discrepancy between the actual and ideal self. Carver & Scheier (1981), in contrast, would predict that high expectancy of success would protect against negative thinking and anxiety when the individual became self-aware, and that therefore the high expectancy group should have demonstrated less negative thinking than the low expectancy group.

No effect of self-focus on self-rated anxiety was found in Burgio et al's (1986) study. However, there was an interaction between self-focus condition and expectancy in performance ratings. Judges' ratings of the participants' skill were significantly different between the high and low expectancy groups, but only in the self-focus condition. In the self-focus condition, those who had low expectancies of success were judged as significantly less socially skilled than low expectancy participants in the non self-focus condition. The self-focus condition appeared to magnify the differences between the high expectancy and the low expectancy group.

This finding supports Carver & Scheier's (1981) theory which predicts that individuals with high expectancies of success would not be negatively affected by self-focus whereas those with low expectancies would be negatively affected.

The results of Burgio et al's (1986) study suggest that self-focused attention increases negative thinking, but caution has to be used in generalising the results to social anxiety, as the groups were actually selected for their scores on a measure of success expectancy. However, as their expectancy of success in a social task was the criterion, there may be some similarities between a low expectancy group and the highly socially anxious, who often appear to have low expectancies of social success. Another criticism of the study is that self-focus was a between-subjects variable, therefore results may have been affected by individual differences. This problem could have been overcome by making focus of attention a within-subjects variable, so that individual differences could be ruled out.

In a study of individuals with social phobia, Hope & Heimberg (1988) looked at the relationship between public self-consciousness and anxiety and thinking in a social task. A behavioural role-play task was designed to suit each individual. Hope & Heimberg found that participants who were high in public self-consciousness reported a higher number of negative self-related thoughts after a role-played social situation than those who were low on this variable. High public self-consciousness was also related to self-ratings of anxiety and independent ratings of anxious appearance, as well as poorer performance on a role-played social situation as judged by the independent raters. However, in this study the social task was not standardised, which may have created problems with objective performance ratings. In addition, the study used correlational analyses therefore no conclusions about the causal role of high public self-consciousness can be drawn.

Another study which has found differences in thinking associated with self-focused attention is that of Daly et al (1989) who studied two groups of participants, high and low on self-rated public speaking anxiety, using a public speaking task. Self-focused attention and task related cognitions and performance were dependent variables. Daly et al (1989) found that "high anxious" speakers remembered a larger proportion of self-focused cognitions than "low anxious" speakers, and that a larger number of their self-focused thoughts were negative compared to the low anxious group. Self-focus was also related to a more negative self-assessment of performance, and poorer performance as assessed by independent raters, and was found more in the high anxious group. Self-focus was not directly manipulated in this study, but was a dependent variable, assessed by incidental memory scores. It was therefore possible that the high-anxious speakers' tendency to be self-focused was the important variable, but again a causal role for self-focus cannot be established from these results.

Self-evaluative attention, a concept that is similar to self-focused attention, has also been studied in relation to anxiety and performance. In a study of heterosocial anxiety in high school boys, Johnson & Glass (1989) used two conditions. Half of the participants were told they would be evaluated on their own heterosocial conversation skill, whilst the other half were told that they were to evaluate the other person's skill. Participants in the self-evaluative attention condition had significantly higher anxiety, both self and independent-rated, and their performance in the conversation task was rated as worse than in the non-evaluative condition as measured by both self-ratings and judges' ratings of conversational skill. In addition, high public self-consciousness was significantly correlated with the number of negative self-statements on a structured measure of task-related positive and negative self-statements. These

results suggest that self-awareness can affect anxiety, thinking and performance in social situations.

## Evidence for therapeutic effects of changing self-focused attention

The importance of shifting of attention, from focusing on the self to focusing on the environment, has been demonstrated therapeutically. Wells & Papageorgiou (1998) found that when people with social phobia shifted attention from themselves to external events, exposure therapy was more effective at reducing their social anxiety. This shift of attention to external events also resulted in a shift from observer perspective to field perspective. This result suggests that type of perspective may be associated with changes in levels of social anxiety, although again the direction of causation cannot be assumed, as the change to the observer perspective was a dependent variable in this study.

The impact of changing an excessively negative view of the self is suggested by the results of Rapee & Hayman (1996). They found that high socially anxious participants rated their performance closer to an independent rater after they had seen a videotape of their own performance in comparison to ratings taken before viewing the videotape. The supposition is that the video supplied an accurate observer perspective, which allowed participants to correct any distortions of self-perception. This is consistent with the Clark & Wells (1995) view.

## Criticisms of research evidence

While it is clear that there some evidence to suggest that anxiety, thinking and performance may be influenced by self-focus in some situations, the evidence is inconsistent and there are few directly relevant studies. Many of the studies cited are

correlational, and therefore it is not possible to establish a causal role for self-focus Other studies use overlapping concepts such as "evaluative self-awareness" that are similar but not identical to self-focus. Some studies identify participants on the basis of criteria other than social anxiety, such as speech anxiety, and while there is likely to be significant overlap between the groups, the criteria may differ in significant ways. An additional problem is that all of the studies on self-focus in social anxiety and social phobia are affected by the fact that some degree of self-awareness of the public self is highly likely to be triggered by social tasks as other people are strong stimuli for self-awareness (Duval & Wicklund, 1972) and this is even more likely to be the case for high socially anxious individuals.

The relevant evidence from the social psychological literature about the possible effects of self-focused attention on anxiety, thinking and social performance is small, and is also inconsistent. Recent evidence for the effects of the observer perspective concentrate on whether or not socially anxious people use the perspective, therefore evidence for its effects is sparse.

## SUMMARY

Clark and Wells (1995) propose that the observer perspective is one of the important maintaining factors in social anxiety through its impact on the person's thinking. It maintains a distorted and negative view of how the individual is perceived by other people, which increases social anxiety and has an impact on social behaviour.

Two theories from the social psychological literature have relevance for the concept of the observer perspective. These theories, (Duval & Wicklund, 1972 and Carver & Scheier, 1981), both propose that self-focused attention has a self-monitoring function, that serves to check an individual's progress towards important

goals. Both theorists posit that when self-focus is high, the person's impression of the self becomes represented in an external, visual perspective, as though the person is viewing the self from the perspective of an observer. As such the concept very close to the Clark & Wells (1995) observer perspective image. However, despite the similarities in Duval & Wicklund's and Carver & Scheier's theories, they make different predictions about the effects of the observer perspective in social situations.

The current direct evidence for the effects of the observer perspective is limited. There is evidence to suggest that social phobics use the observer perspective more than non-phobics and people with most other anxiety disorders. There is evidence that people experience both observer and field perspectives in memory. The evidence to suggest that people get an image of themselves in vivo from the perspective of an observer is less consistent.

The evidence for the observer perspective shows that people with social phobia and high social anxiety use the observer perspective, and the social psychological literature suggests that self-focused attention may impact negatively on thinking, anxiety and performance. Taken together, this might suggest that the observer perspective would impact negatively on cognitions, anxiety and behaviour in social situations. However, there is no clear current evidence that taking the observer perspective affects these factors in socially phobic or socially anxious people, nor is there any evidence to date on whether taking the observer perspective is detrimental to people both high and low in social anxiety. In the light of the importance of thinking, behaviour and subjective anxiety within a cognitive model, there is a need for studies that will investigate the effects of the observer perspective on these factors directly.

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**Empirical paper**

# The Observer Perspective: Effects on Social Anxiety and Performance

**Jane M. Spurr**

Prepared for submission to Behaviour Research and Therapy (see Appendix B)

# The Observer Perspective: Effects on social anxiety and performance

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# The Observer Perspective: Effects on social anxiety and performance


## Abstract

The cognitive model of social phobia by D.M. Clark & A. Wells (1995) proposes that individuals with social phobia generate a negative impression of how they appear to others, constructed from their own thoughts, feelings and internal sensations. This impression can occur in the form of a visual image from an external perspective, or "observer perspective". It has been shown that social phobics use this perspective more frequently than controls, but there is no evidence to show the effects of using the observer perspective on thinking, anxiety, behaviour and social performance. This study investigated the effects of taking the observer perspective on these factors. Forty-four participants, in two groups, high and low on social-evaluative anxiety, gave two speeches, one in the observer perspective and one in the field perspective. Participants reported more frequent negative thoughts, more safety behaviours, higher self-rated anxiety and worse self-evaluation of performance in the observer perspective than the field perspective. Results support the Clark & Wells (1995) model that the observer perspective contains negative information about the self that maintains anxiety in high socially anxious individuals. It is also proposed that it is possible for the observer perspective to contain positive information. The clinical implications of these findings are discussed.


Keywords: Social phobia, social anxiety, observer perspective, negative thoughts

## 1.0 Introduction

Cognitive approaches to the understanding and treatment of anxiety disorders have become increasingly popular in recent years (see Clark & Wells, 1997 for a review). One recent influential model is the Clark & Wells (1995) model of social phobia. Social phobia is a common and disabling disorder (Marshall, 1996), involving fear and avoidance of social situations. People with social phobia believe they will behave in an embarrassing or socially unacceptable way, leading to disastrous consequences such as humiliation or rejection. These beliefs create anxiety. The Clark & Wells (1995) model of social phobia identifies four processes that contribute to maintenance of this anxiety.

First, when people with social phobia enter a social situation, they tend to focus attention on themselves as a social object, instead of focusing outwardly on the people around them. This attentional focus generates more anxiety because it prevents the person from perceiving any positive social feedback. Second, socially anxious individuals engage in "safety behaviours" such as avoiding eye contact so that they will not see disapproval in other people's expressions, which they believe to be helpful, but in fact often exacerbate the problem, for example, they appear less friendly. Safety behaviours also serve to maintain the belief that social situations are dangerous, as the absence of the feared social catastrophe is attributed to the safety behaviour. Third, people with social phobia often experience anticipatory anxiety and engage in post-event reviews of social situations, both of which exacerbate their negative thinking and maintain a negative image of self. Fourth, anxiety resulting from the above processes sometimes produces actual deficits in social behaviour, and these deficits may lead to less effective social performance.

This study focuses on the first of the maintaining factors, namely the construction of the self as a social object. According to the Clark & Wells (1995) model, socially anxious individuals use internal information, such as their own thoughts, feelings and bodily sensations, to construct an impression of how they appear to others. This impression can take the form of a mental visual image, experienced from an "observer perspective", in which individuals see themselves as though from another person's viewpoint. This image is usually negative, for example, seeing the self in a humiliating posture, sweating profusely, but as the image is from the perspective of an observer, individuals assume that this is the actual image that is seen by other people (McEwan & Devins, 1983). The negative information about the self in the observer perspective image maintains anxiety, and the attentional focus on the self reduces the likelihood that any positive social feedback will be noticed.

Two recent studies provide support for the importance of the role of the observer perspective. Hackman, Surawy & Clark (1998) and Wells, Clark & Ahmad (1998) found that people with social phobia were significantly more likely than controls to adopt the observer perspective when remembering images of difficult social situations. Controls used a "field perspective", that is, their image of the situation was perceived as if they were viewing the scene from inside their own eyes, observing the details around them.

Current evidence supporting the role of the observer perspective in maintaining social phobia and social anxiety is limited. However, theories of self-focused attention in the social psychological literature may provide some additional indirect evidence in support of the hypothesis. There are two relevant theories: Duval & Wicklund's (1972) theory of Objective Self-Awareness and Carver &

Scheier's (1981) Cybernetic model of Self-Attention. Both models propose that self-focused attention performs the function of monitoring an individual's progress towards desired behavioural standards or goals. Duval & Wicklund (1972) propose a state of self-focused attention called objective self-awareness. Objective self-awareness is awareness of the self as an object in the world and in this state individuals often see themselves from an external viewpoint. This is similar to the Clark & Wells (1995) concept of the construction of the self as a social object and the observer perspective associated with it.

According to Duval & Wicklund (1972) this state of objective self-awareness is triggered when individuals feel that they may be evaluated along salient dimensions. For a socially phobic or socially anxious person, social situations contain the threat of evaluation along dimensions of social competence. This makes it more likely that high socially anxious people are triggered into using this objectively self-aware state in social situations. Studies have shown that the observer perspective is used more by individuals with social phobia than control groups without significant social-evaluative anxiety (Hackmann et al, 1998: Wells & Papageorgiou, 1999). Duval & Wicklund (1972) believe that the state of objective self-awareness inevitably results in the perception of some negative discrepancy between the person's actual behaviour and their desired behavioural standard. This negative evaluation of the self results in an uncomfortable affective state. If this theory is applied to social anxiety, it suggests that even low socially anxious people would evaluate themselves more negatively in social situations if they were to become self-aware by taking the observer perspective. However they are less likely to take the perspective spontaneously, as they do not anticipate failure in social situations.

Carver & Scheier's (1981) theory is an extension of the Duval & Wicklund (1972) theory. It differs at the point where the self-aware individual perceives a negative discrepancy. According to Carver and Scheier (1981) negative affect is not inevitable. The extent to which people experience unpleasant affect depends upon their perception of their ability to reduce the discrepancy between their actual and desired social performance. If individuals believe they have the power to reduce the discrepancy, no further negative evaluation or negative affect will result. It is reasonable to suppose that people high in social anxiety would have lower expectancies of their ability to reduce a negative discrepancy between their actual social performance and their desired goal, as these individuals tend to have negative beliefs about their social ability (Clark & Wells, 1995). If negative affect is experienced, the person may escape the situation. If escape is impossible, he or she may mentally withdraw, which is likely to affect social performance. Low socially anxious people have more positive beliefs about their social ability and are more likely to believe that they can reduce the negative discrepancy. As a result low socially anxious individuals are less likely to be affected by self-focused attention.

The self-focused attention literature indicates that self-focus is associated with negative self-related thoughts, increased anxiety and poor social performance (Woody, Chambless & Glass, 1997). Self-focused attention has been linked to increased anxiety (Woody, 1996; Hope & Heimberg, 1988) and a higher frequency of negative self-related thoughts in social situations (Fenigstein, Scheier & Buss, 1975; Burgio, Merluzzi & Pryor, 1986). Studies also suggest that self-focused attention is associated with a more negative self-assessment of performance (Johnson & Glass, 1989; Daly, Vangelisti & Lawrence, 1989). If the observer perspective has a similar effect then it will increase anxiety and negative thinking and lead to a more

negative assessment of performance than the field perspective. This is consistent with the Clark & Wells (1995) hypothesis that the observer perspective maintains negative thinking and therefore anxiety because it contains an excessively negative and distorted view of the self.

The aim of this study is to look at the effects of perspective taking in participants who are high and low in social-evaluative anxiety. The high and low social-evaluative anxiety groups were selected using the Fear of Negative Evaluation Scale (FNES: Watson & Friend, 1969). When participants from the normal population are divided into high and low social anxiety groups on the basis of their FNES scores, the effects of experimental manipulations mirror those that are found when social phobics are compared to non-patient controls (Stopa & Clark, in submission). Social fears and phobia have high prevalence rates, but relatively few affected individuals seek treatment (Chapman, Manuzza & Fyer, 1995). High socially anxious participants therefore represent a valid analogue of social phobia.

The social psychological theories cited above make different predictions about the effects of self-focus. Duval & Wicklund's (1972) theory predicts that self-focus (including the observer perspective) is invariably negative. Carver & Scheier's (1981) theory predicts that it is only negative when self-efficacy in the situation is low, as is likely to be the case in high socially anxious individuals. The Clark & Wells (1995) model predicts that the observer perspective would increase negative thinking and anxiety in high socially anxious individuals, but does not make predictions regarding its effects on those low in social anxiety. There is no evidence that evaluates the effect of low socially anxious participants taking the observer perspective. Precise predictions for the effects of the observer perspective on low socially anxious participants could therefore not be made. With regard to high

socially anxious participants, the prediction was made that they would be impaired by adopting the observer perspective, as this assumption follows from all three models.

The study was designed to test the following hypotheses. The observer perspective will be associated with more negative cognitions, higher self-reported anxiety, increased safety behaviours and worse self-rated performance in a social situation than the field perspective in the high social-evaluative anxiety group. For the low social-evaluative anxiety group, it was assumed that the effects would either be negative, with similar effects as predicted for high socially anxious participants, (following the theory of Duval & Wicklund, 1972) or that the observer perspective would have no effect (following the theory of Carver & Scheier, 1981). It was also predicted that underestimation of performance in comparison with an independent rater would take place in the observer condition to a greater extent than in the field condition, but this prediction was only made for the high social-evaluative anxiety group as evidence exists that high socially anxious people are more likely to underestimate performance (Stopa & Clark, 1993; Rapee & Lim, 1992; Mansell & Clark, 1999). These hypotheses were tested by asking high and low social-evaluative anxiety groups to perform a speech twice; once using an observer perspective and once using a field perspective.

## 2. Method

### 2.1. Participants

Two hundred and twenty-five undergraduate students were screened using the Fear of Negative Evaluation Scale (FNES: Watson & Friend, 1969). The FNES discriminates between social-evaluative anxiety and other forms of anxiety. The

groups were selected using a method proposed by Stopa & Clark (in submission). Students who scored 20 or above (upper quartile: high FNES group) or 8 or below (lower quartile: low FNES group) were approached and asked to take part in the study. They were given an information sheet, and if they agreed to participate, signed a consent form (Appendix C). Fifty-one participants completed the experiment. Seven were excluded because they failed the experimental manipulation (described below). This left a sample of 44 participants, 22 with high scores on the FNES (mean = 25.13, SD = 3.42) and 22 with low scores (mean = 5.72, SD = 1.80). The high FNES group consisted of 21 women and 1 man, and had a mean age of 20.55 (SD = 2.34). The low FNES group consisted of 13 women and 9 men, and had a mean age of 22.09 (SD = 5.42).

## 2.2 Design

This study used a mixed design. There was one between subjects variable (FNES group) and one within subjects variable (observer or field perspective). The dependent variables measured mood, cognitions, behaviour and public speaking performance.

## 2.3 Measures

The FNES was used to select high and low socially anxious groups. The Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1989), Social Phobia Scale (SPS; Mattick & Clarke, 1989) and the Social Behaviour Questionnaire (SBQ; Clark, Wells, Hackman, Butler & Fennell, 1994) were used to ensure that the two groups were genuinely representative of high and low socially anxious individuals.

The Beck Anxiety Inventory (BAI: Beck & Steer, 1993) was used to compare general levels of anxiety.

### *2.3.1 Fear of Negative Evaluation Scale (FNES; Watson & Friend, 1969)*

This is a 30-item true-false questionnaire which assesses the fear of receiving negative evaluation from other people. Items include "I'm afraid that I may look ridiculous and make a fool of myself" and "I feel very upset when I commit some social error." The FNES had high internal consistency ($\alpha = .94$), good test-retest reliability ($r = .78$) and good discriminant validity ($p < .01$) when compared with a measure of social desirability (Crowne-Marlowe Scale; Crowne & Marlowe, 1964) on a sample of undergraduates (Watson & Friend, 1969). Social phobics obtain higher FNES scores than patients with other anxiety disorders and non-clinical controls e.g. Turner, McCanna & Beidel (1987); Stopa & Clark (1993). Studies have shown that high and low FNES groups produce results that are similar to comparisons between social phobics and non-clinical groups (Stopa & Clark, in submission). Changes in FNES scores significantly predict treatment outcome (Mattick & Peters, 1988; Mattick, Peters & Clarke, 1989).

### *2.3.2 Social Interaction Anxiety Scale (SAIS) and Social Phobia Scale (SPS; Mattick & Clarke, 1989)*

These scales are often used together to assess social phobia and social anxiety. The SIAS and SPS each contain 20 items which are rated on a five point scale from 0 (not at all characteristic or true of me) to 4 (extremely characteristic or true of me). Items in the SIAS are self-statements describing one's typical cognitive, affective, or behavioural reaction to a variety of situations requiring social

interactions in dyads or groups. The SPS items relate to situations that involve being observed by others (e.g. speaking to a group, eating in public). Scores above 34 on the SIAS and 24 on the SPS correctly identified 82% and 73%, respectively, of a socially phobic sample (Heimberg, Mueller, Holt, Hope & Liebowitz, 1992). Both scales possess high levels of internal consistency (SIAS, $\alpha = .94$; SPS, $\alpha = .93$), and show good test-retest reliability (SIAS, $r = .92$; SPS, $r = .93$). They correlate well with established measures of social anxiety - FNES: (SIAS $r = .66$, SPS $r = .60$): Social Avoidance and Distress Scale (Watson & Friend, 1969): (SIAS, $r = .74$; SPS, $r = .54$). The SIAS and SPS both discriminate well between social phobics and agoraphobics, social phobics and simple phobics, and social phobics and non-patient controls, with all scores differing significantly from each other (Mattick & Clarke, 1998).

These two scales discriminate between the DSM-III-R (American Psychiatric Association, 1987) Generalised and Circumscribed types of social phobia. The SPS correlates more highly than the SIAS with scales that measure specific social fears, whereas the SIAS is more highly correlated than the SPS with scales that measure general social interaction anxiety (Heimberg et al, 1992).

### *2.3.3. Social Behaviour Questionnaire (SBQ; Clark et al, 1994)*

This is an unpublished scale that has been used in clinical trials to measure safety behaviours used in social situations. It assesses the degree to which individuals employ safety behaviours, which are strategies that individuals sometimes use to reduce social anxiety. Items include "avoid asking questions" and "rehearse sentences in your mind". Each item on the SBQ is rated on a four-point

scale (never, sometimes, often, always) referring to how frequently an individual employs a safety strategy.

### *2.3.4. Beck Anxiety Inventory (Beck & Steer, 1993)*

The BAI is a self-report scale consisting of 21 items that are descriptive statements of anxiety symptoms. They are rated on a 4-point scale from 0 (not at all) to 3 (severely). The scoring range is 0-63. Scoring bands are 0-7 (minimal anxiety), 8-15 (mild anxiety), 16-25 (moderate anxiety) and 26-63 (severe anxiety: Beck & Steer, 1993). The BAI has good test-retest reliability (r= .75) and excellent internal consistency (∝ .92: Beck, Epstein, Brown & Steer, 1988). It has adequate concurrent validity (r = .58) with the State-Trait Anxiety Inventory (Spielberger, 1983) and also with the Hamilton Anxiety Rating Scale - Revised (r = .51): (Riskind, Beck, Brown & Steer, 1987).

### *2.3.5. Dependent measures*

*Cognitions.* Cognitions were rated using a Negative Thoughts Checklist which was adapted from the Social Cognitions Questionnaire (SCQ: Wells, Stopa & Clark, 1993) and the Public Speaking Rating Scale (PSRS; Rapee & Lim, 1992). The scale comprised 20 items such as "I'm babbling/talking funny", "I'm about to dry up" and "People will think badly of me". Items were rated for frequency and extent of belief. Frequency was measured on a five point scale of 0 (thought did not occur) to 4 (thought occurred all of the time). Extent of belief was measured on a scale of 0 (I did not believe this thought at all) to 100 (I was completely convinced this thought was true).

*Mood.* Participants rated four mood states (anxious, angry, happy and despondent). The prompt was the phrase "at this moment I feel" and each mood was rated on 0-100 point scale from 0 (not at all) to 100 (extremely). The measure of interest was anxiety. Participants were asked to rate the other three moods so that they would not be aware that anxiety was the key measure.

*Behaviour* was measured using a short form of the Social Behaviours Questionnaire (Clark et al 1994) that was developed specifically for this study (SBQ-S). Fifteen items relevant to public speaking were selected such as "avoided pauses in speech" and "tried to control shaking". Items were rated on a four-point scale from 0 (not at all) to 3 (all the time).

*Public speaking performance* was measured using an instrument devised by Rapee and Lim (1992). This 17-item measure was constructed to measure public speaking performance as judged by both the speaker and an independent rater for the purposes of comparison. The measure contains 12 specific aspects of performance such as "fidgeted" and 5 global aspects such as "gave a good impression". Items are rated on a five point scale from 0 (not at all) to 4 (very much). Scoring is reversed for positively worded items. The following alphas were reported for internal consistency: self-rating of specific items, $\alpha = .86$: self-rating of global items, $\alpha = .79$: independent ratings of specific items, $\alpha = .79$: independent ratings of global items, $\alpha = .84$. An inter-rater reliability of $r = .62$ was found for independent ratings (Rapee & Hayman, 1996).

### *2.3.6. Experimental manipulation checks.*

Participants rated how well they had managed to take the observer or the field perspective after each experimental manipulation. Perspective taking was measured

on seven point scale that was originally devised by Hackmann et al (1998). The scale is from -3 (entirely looking out through my own eyes) to +3 (entirely observing myself from an external point of view). Focus of attention was measured on a 0-100 scale where 0 was labelled "my attention was focused completely on myself" and 100 was labelled "my attention was focused completely on my surroundings".

## 2.4 Procedure

Participants completed the mood measures, BAI, SBQ, SPS and SIAS. Participants were then asked to give two short presentations which were videotaped. The video camera was positioned on the right side of the participant, who faced the experimenter during the speech. Participants were shown a list of suggested subjects for speeches; for example "what I did in my gap year", "my ideal job", "student poverty". Participants had two minutes to prepare the speech after choosing a topic, and two minutes to practice aloud without the experimenter present. Before each condition the mood measures were repeated, then immediately before each presentation instructions were given for getting into the required perspective as follows:

> *Observer perspective:* Now, I want you to try a particular style as you are giving this presentation. As you are speaking, try to imagine what you look like, or how you might be coming across to me, or to anyone who may be watching the tape (indicate video camera). Try to monitor your own behaviour and reactions and be aware of yourself and how you look. Try to imagine you are observing yourself from the outside, and picture what you see. Take a couple of minutes to imagine yourself doing this while you are

giving the presentation. Close your eyes if it helps. Do you get the idea? Can you imagine yourself doing this? Do you have any questions? Would you like any more time to practice it in your mind? Are you ready to begin?

*Field perspective:* Now, I want you to try this style as you are giving your presentation. As you are speaking, focus your attention on your surroundings. For example, if you were giving a presentation to an audience, as you usually would be, you might observe people's expressions and actions or notice details about their appearance. I am the only person here, so be aware of me, and notice the objects in the room (indicate) and be aware of them, for example, be aware of the colours and shapes of things around you. Try as much as possible to be aware of the environment, rather than of yourself. Try not to think about yourself, try not to monitor your own behaviour or reactions. Concentrate on your surroundings. Take a couple of minutes now to imagine yourself doing this whilst you are giving your presentation. Close your eyes if it helps. Do you get the idea? Can you imagine yourself doing this? Do you have any questions? Would you like some more time to practice it in your mind? Are you ready to begin?

Immediately after each speech, participants completed the mood measures, the Negative Thoughts checklist, and the SBQ-S. The procedure was then repeated for the second speech. Order of perspective taking was counterbalanced across participants and within high and low social anxious groups.

After participants had completed both speeches, participants were asked to rate their performance for each speech using the PSRS. The videotape of the first

presentation was then shown and participants rated their own performance again. Next, they viewed and rated the second presentation. After this an assessment was made of the perspective usually taken by the participant in difficult social situations, following a protocol used by Mansell & Clark (1999), using a -3 (field perspective) to +3 scale (observer perspective) scale. A final mood rating was given, and participants were debriefed.

Appendix D contains all unpublished scales and materials used in this study.

*2.41. Independent ratings.*

Two pairs of independent raters viewed the videotaped speeches and rated them using the PSRS. The raters were postgraduates from the psychology department, who were blind to the aims of the study. The raters met once with the experimenter to discuss the items in the measure and to rate some pilot speeches. After this they carried out the ratings independently.

The inter-rater reliability for the first pair of raters was poor ($r = .31$). This was thought to be due to problems rating the specific sub-scale items as the quality of the videotape made it hard to judge these items. A decision was made to repeat the ratings, using the general sub-scale only, which was not affected by the quality of the videotaped recording. The inter-rater reliability for this pair of raters was even worse ($r = .16$). As a result, it was not possible to test the prediction that participants in the high FNE group would underestimate their performance compared to an independent rater, and that they would underestimate it to a greater extent in the observer condition than in the field condition.

### *2.4.2. Reliability Analysis*

Two of the measures had been adapted for this study. A reliability analysis was carried out on these measures. The Negative Thoughts Checklist had high levels of internal consistency for frequency ($\alpha$ = .93) and extent of belief ($\alpha$ = .93). It also had good split-half reliability for frequency (r = .95) and extent of belief (r = .94). The SBQ-S had a reasonable level of internal consistency ($\alpha$ = .72) and adequate split-half reliability (r = .73).

## 2.5 Data Analysis

An alpha level of $p < .05$ was used for all analyses. One-tailed tests were used throughout as there are clear directional hypotheses. A number of the dependent variables were not normally distributed. In the interests of consistency non-parametric tests were used for the majority of the variables, except in cases where the data was clearly normally distributed in both groups. Mann-Whitney U tests were used for between-subject comparisons. Wilcoxon signed ranks tests were used for within subject comparisons.

# 3.0 Results

## 3.1 Participant Characteristics

Table 1 shows the mean scores for the high and low FNE groups on a range of anxiety measures. Mann-Whitney-U tests were used to compare the groups. As expected, the high FNE group scored significantly higher on all of the social anxiety measures (SIAS, SPS and SBQ). The mean score of the high FNE group was similar to a clinical sample of social phobics on the SIAS which is a measure of general social interaction anxiety, but was lower than the same clinical sample on the SPS, a

measure of specific social fears (Mattick & Clarke, 1998). The low FNE group scored lower than a community sample (Mattick & Clarke, 1998) on both measures, possibly reflecting the fact that they were selected for low social evaluative anxiety scores. The high FNE group also scored significantly higher than the low FNE group on the BAI, a general measure of anxiety.

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Insert Table 1 about here

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## 3.2 Perspective taken by participants

### *3.2.1 Manipulation check*

The interpretation of the results of this study depends critically on the ability of participants to adopt the two different perspectives. As a manipulation check and in order to establish whether there were any differences between the high and low FNE groups, mean ratings of each perspective were compared. Perspective was measured on a +3 to -3 scale, where plus figures represented the observer perspective and minus figures represented the field perspective. The mean rating was 1.31 (SD = 1.22) for high FNE and 1.05 (SD = 0.85) for low FNE in the observer condition: -1.09 (SD = 1.18) for high FNE and -1.25 (SD = 1.04) in the field condition. The two groups were not significantly different in either condition: observer condition, U = 187.50 (n.s.): field condition, U = 222.50 (n.s.). This indicates that the two groups were similar in their reported ability to take each perspective. The groups were also comparable on their ability to shift perspective between observer and field condition. The mean shift in the high FNE group was 2.41 (SD = 0.91) and the mean shift in the low FNE group was 2.30 (SD = 1.01). Again, there was no significant difference between the groups (U = 231.50, n.s.)

*3.2.2. Perspective normally taken*

Participants rated the perspective they had taken during a recent uncomfortable social situation. This was used as a measure of the perspective that participants usually adopt in such difficult social situations. The observer perspective was reported by 14 (63%) of the high FNE and 13 (59%) of the low FNE group. The field perspective was reported by 7 (31%) of the high FNE and 8 (36%) of the low FNE group. A chi-square analysis showed no significant differences in these frequencies ($\chi^2 = 1.04$ (df=1) n.s.). Two participants, one from each group, scored zero, between the two perspectives.

## 3.3 Comparisons between conditions and between groups

*3.3.1 Thoughts*

Table 2 shows the mean scores and standard deviations of participants' scores on the negative thoughts checklist. The checklist produces two scores: thought frequency and extent of belief. The high FNE group reported more negative thoughts than the low FNE group in both the observer and field conditions and they also believed the thoughts more.

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Insert Table 2 about here

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Within subject comparisons were investigated separately in each group using Wilcoxon signed ranks tests. In the high FNE group, participants reported more negative thoughts in the observer condition than in the field condition ($T = 2.50$, $p < .01$). In the low FNE group, there was no difference in the frequency of thoughts

between the two conditions (T = 1.16, n.s.). Figure 1 illustrates the between and the within subject differences for thought frequency.

There were no differences between the observer and the field conditions in the extent to which participants believed the thoughts in either group: high FNE group, T = 1.54 (n.s.): low FNE group, T = 1.42 (n.s.).

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Insert Fig. 1 about here

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*3.3.2 Anxiety.*

In the observer condition, the high FNE group reported higher anxiety scores (mean = 78.18, SD = 17.08) than the low FNE group (mean = 40.90, SD = 26.16) and the difference was significant (U = 45.50, p <0.01). This was also the case in the field condition. The mean score for the high FNE group = 67.72 (SD = 27.24) and the mean score for the low FNE group was = 36.81 (SD = 22.12; U = 57.00, p < .01).

Within the high FNE group, anxiety was significantly higher in the observer condition than the field condition (T = 2.31, p < .01). However, the difference between the observer and field conditions in the low FNE group was not significant (T = 0.59, n.s.).

*3.3.3 Safety behaviours.*

In the observer condition, the high FNE group reported a significantly greater number of safety behaviours (mean = 1.24, SD = 0.41) than the low FNE group (mean = 0.97, SD = 0.36: U = 150.00, p < .05). This was also the case for the field

condition: the mean of the high FNE group was 1.12 (SD = 0.35), the mean of the low FNE group was 0.93 (SD = 0.40; U = 161.50, p < .05).

Within the high FNE group, more safety behaviours were reported in the observer condition than the field condition (T = 2.42, p < .05). There were no significant differences between conditions in the low FNE group (T = 0.47, n.s.).

### *3.3.4 Public speaking*

*Ratings of performance before video viewing.* Two sets of PSRS scores were obtained for each speech, one set after participants had given the speech but before they had watched it on videotape, the second set after the videotape had been viewed. For this analysis, the scores collected before videotape viewing were used, in order to assess participants' impressions of their performances. These scores are reported in Table 3. The PSRS produces a total score and two sub-scales. One of the sub-scales measures general aspects of performance such as appearing nervous or confident, and the other sub-scale measures specific aspects such as speech pauses or eye-contact. The two groups were compared using Mann-Whitney U tests. The high FNE group obtained significantly higher scores on all three scales in both the observer and field conditions.

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Insert Table 3 about here

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Within subjects comparisons were investigated using Wilcoxon signed ranks tests. Participants in the high FNE group reported significantly worse performance on the specific sub-scale score in the observer condition compared to the field condition (T = 1.86, p < .05). There were no significant differences between the

observer and the field conditions in either the total scores (T = 1.46, n.s.) or the general sub-scale scores (T = 0.09, n.s.) for the high FNE group. There were no differences between the observer and field conditions in any of the PSRS scores for the low FNE group: total scores, T = 0.66 (n.s.): general scores, T = 0.18, (n.s.): specific scores, T = 0.78 (n.s.).

*The effect of viewing videotapes on the PSRS scores.* Participants' self-ratings of performance before video viewing were compared to their self-ratings after viewing their presentations, using the total public speaking scores. The data were normally distributed and therefore a repeated measures analysis of variance was used to compare PSRS ratings before and after viewing between the two groups in both conditions. In the observer condition, there was a main effect for time of rating, ($F(1,42) = 4.65$, $p < .05$); a main effect for group, ($F(1,42) = 16.09$, $p < 0.01$); and an interaction ($F(1,42) = 8.85$, $p < .01$). Figure 2 illustrates the interaction. (High scores indicate worse performance).

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Insert Fig. 2 about here

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Separate pairwise comparisons showed a significant difference between scores taken before and after viewing the videotape for the high FNE group ($t = 3.39$, $p < .01$). There was no difference between scores at these two time points for the low FNE group in the observer condition ($t = 0.62$, n.s.). There were significant differences between the groups both for ratings taken before videotape viewing ($t = 4.78$, $p < .001$) and for ratings taken after videotape viewing ($t = 2.37$, $p < .05$).

The analysis was repeated for the field condition. There was a main effect for group ($F(1,42) = 20.95$, $p < .001$). There was no significant main effect for time of

rating ($\underline{F}$ (1,42) = 1.43, n.s.) nor any significant interaction ($\underline{F}$ (1,42) = 1.52, n.s.). Separate pairwise comparisons between the two groups showed significant differences at both times of rating: before viewing ($\underline{t}$ = 4.31, $\underline{p}$ < .001) and after viewing ($\underline{t}$ = 4.12, $\underline{p}$ < .001).

## 4.0 Discussion

The results of this study show that, for individuals who are high in social evaluative anxiety, taking the observer perspective is associated with more frequent negative thoughts, a greater number of safety behaviours, higher self-rated anxiety and worse self-evaluation of performance than taking the field perspective in a social situation. These results are consistent with the Clark & Wells (1995) hypothesis that the observer perspective represents distorted, negative information about the self that maintains anxiety in high socially anxious individuals. It was not clear from the models cited in the introduction, or from previous empirical literature, whether low socially anxious individuals would be equally negatively affected or whether they would be unaffected by the adoption of the observer perspective. The results of this study show that the low socially anxious participants were unaffected by adopting the observer perspective in a social task.

The study predicted that the observer condition would be associated with more negative thoughts than the field condition. The results showed that only the high socially anxious group was affected by the observer condition and only in terms of thought frequency. In the literature on cognitions in self-focused attention, it is usually thought frequency that is measured, rather than extent of belief (e.g. Burgio et al, 1986), and increased frequency of negative thoughts is often associated with an increase in anxiety (Hope & Heimberg, 1988). The observer condition increased the number of negative thoughts experienced by high socially anxious participants and

there was a concomitant increase in anxiety. In contrast, the low socially anxious participants were not negatively affected by the observer condition. One possible limitation of this study is that the Thoughts Checklist only measured negative thoughts. A future study on the observer perspective could record positive as well as negative thoughts. It is possible that the low socially anxious group had fewer positive thoughts in the observer condition even if their negative thoughts were not affected. Alternatively, the low socially anxious group might not be affected by the observer condition because for them it does not contain negative information. This suggestion will be discussed below.

Despite the fact that there was a significant difference in the frequency of negative thoughts between the observer and field conditions in the high social evaluative anxiety group, these high socially anxious participants did not differ in the extent to which they believed their negative thoughts in the two conditions. Given the difference in thought frequency, this was a surprising result. One possible explanation for this result could be the timing of the ratings. Participants rated how much they believed the thought during the speech when the speech was over. This could have resulted in an underestimate of the extent to which they believed the thoughts. Some of the items may have appeared odd or silly in hindsight, for example, "I'm terrified", and although the participant may remember having experienced the thought and therefore recorded the frequency accurately, the extent of belief measure may be more vulnerable to distortion. It is difficult to correct for this problem, as it is impossible for participants to record thoughts as they are actually speaking. The low socially anxious group did not differ in the extent to which they believed their negative thoughts in the two conditions. This was not surprising, given that this group showed no differences between conditions on

thought frequency. Cognitions are central to any test of a cognitive model, however, increased frequency of negative thoughts may be sufficient to raise anxiety even when belief remains constant.

This study predicted that the observer perspective would result in more safety behaviours than the field perspective, and the results showed that this was the case for the high socially anxious group, but not for the low socially anxious group. Safety behaviours are another maintenance factor in Clark & Wells (1995) model, and their excessive use can impair social performance (Bates & Clark, 1998). The results reported here demonstrate how one factor in the model, the observer perspective image of self, can impact on other maintenance factors, leading to a cycle of social difficulty.

In the Clark & Wells (1995) model the observer perspective is described as a dysfunctional process, which is used by individuals with social phobia because their distorted beliefs and assumptions make them excessively concerned with evaluation by other people. As Clark & Wells (1995) point out, research in social psychology (Kenny & De Paulo, 1993) indicates that most people's impressions of how others view them are partly based on self-perceptions. Clark & Wells (1995) propose that socially phobic individuals have a greater need to know what others think of them, which enhances this type of self-focused processing. However, although Clark & Wells (1995) discuss reasons why low socially anxious individuals do not use self-focused processing as much (they are less concerned about evaluations by other people), they do not discuss whether self-focused processing, including the observer perspective, would have similar negative effects on low socially anxious individuals if they did use it.

The Clark & Wells (1995) model implies that observer perspective images will be negative. The results of this study suggest that this may not invariably be the case. The failure to find any differences between observer and field conditions in the low socially anxious group suggests that low socially anxious individuals might construct a positive image of themselves when in the observer perspective. The evidence that high socially anxious individuals do generate a negative, distorted image of themselves in the observer perspective whereas low socially anxious individuals do not, is reviewed below.

High socially anxious participants were negatively affected by taking the observer perspective in terms of thought frequency, safety behaviours and anxiety. Viewing a videotape of the speech favourably influenced self-ratings of performance for high socially anxious people in the observer perspective, although this difference was not found in the field perspective. This suggests that the observer perspective for the high socially anxious group contained a more negative and distorted image than the field perspective, which was corrected by viewing the realistic image on the videotape. Differences between observer and field conditions were found in the specific sub-scale of the public speaking performance measure for the scores taken before videotape viewing, indicating a worse self-impression of specific aspects of performance for the high socially anxious group. This contrasts with Rapee & Lim's (1992) results, which showed that the general sub-scale was more sensitive than the specific sub-scale to differences in self-evaluation of performance in high and low socially anxious people. However, Rapee & Lim (1992) were not studying self-focused attention or the observer perspective. In the current study, using the observer perspective may have made participants more aware of specific details of their performance, because of the visual nature of the observer perspective. All the

above evidence suggests that high socially anxious individuals are more affected by the observer perspective because the image they have is negative. This supports the Clark & Wells (1995) view that the observer perspective represents negative, distorted information that maintains negative thinking and anxiety in social situations.

The pattern of results for low socially anxious participants suggests a different interpretation. The ratings of the low socially anxious participants were unaffected by the viewing of the videotape in either condition, suggesting that their self-perception was not distorted in the first instance, even in the observer condition, and was therefore not in need of correction by the video image. The self-rating scores for the low socially anxious group were also significantly more favourable at both time points than the self-ratings for the high group, indicating a more positive image. Their self-ratings of performance taken before video viewing were not significantly different in the two conditions, indicating that their observer image of self was realistic and did not affect their self-evaluation of performance negatively. The low socially anxious group were unaffected by taking the observer perspective with regard to thinking, anxiety and safety behaviours, again suggesting that their observer image was not distorted.

In summary, the evidence reported here confirms Clark & Wells' (1995) suggestion that self-image in the observer perspective is negative and distorted for people high in social anxiety. However, the evidence suggests that the observer perspective image of low socially anxious people is more realistic and does not appear to cause or maintain social anxiety. Further research is needed to clarify whether the observer perspective can contain positive information. This could be tested by asking two groups of individuals who are high and low on social anxiety to

undertake a social task in the observer perspective, and then asking them about the content of their images in a semi-structured interview afterwards, in a similar manner to Hackmann et al (1998).

The results of this study are inconsistent with the Duval & Wicklund (1972) theory of objective self-awareness, as this model would predict a negative effect of self-focused attention in all individuals regardless of level of social anxiety. The results of this study are however consistent with the Carver & Scheier (1981) cybernetic theory of self-attention, which states that self-focused attention is only associated with negative affect if individuals feel that they do not have the ability to reduce any unfavourable discrepancies between their actual and desired social behaviour. People low in social anxiety may feel that they can achieve their desired goals. For example, they may notice an unfavourable discrepancy, such as a minor social error, but feel able to make up for this with their general social skills and presentation. People high in social anxiety, on the other hand, tend to have unrealistically high expectations for social behaviour, making it all the more likely that they will perceive an unfavourable discrepancy in the first place. If they commit a minor social error, they may feel that it is a major failing, and due to a lack of self-confidence in social situations they feel unable correct the error or change the impression they feel they have made.

Carver & Scheier's (1981) theory may explain why high socially anxious individuals use the observer perspective more than low socially anxious people. The former are likely to stay in a self-aware state for longer, because there is a larger discrepancy between their perception of social performance and their view of how they would like to come across. This discrepancy leads to further self-monitoring and more self-focused attention, which may trigger the observer perspective. By

comparison, low socially anxious individuals do not usually perceive an unfavourable discrepancy and therefore focus immediately back on the environment. This could explain why control participants who do not have significant difficulties with social anxiety report few spontaneous observer images (Hackmann et al, 1998: Wells & Papageorgiou, 1999). Alternatively, low socially anxious people may sometimes perceive a discrepancy between their actual and desired performance, but feel able to correct it. In this case they may remain self-focused, but because they have a positive expectancy of success, they do not experience negative affect.

At the end of the study, participants were asked which perspective they normally use in difficult social situations. This provides further evidence for the suggestion that low socially anxious individuals use the observer perspective. More than half of the participants reported using the observer perspective in each group. There was no significant difference between the two groups in the frequency of their use of either perspective. This contrasts with other studies, where low socially anxious or control participants reported significantly less use of the observer perspective (Hackmann et al, 1998). A possible reason for the discrepancy between these results is that participants had been made more self-aware by being asked to adopt the observer perspective in one of the conditions. Nigro & Neisser (1983) found that the perspective taken in memory could be influenced by the person's reason for recalling the memory: it is also possible that recall could be influenced by self-awareness in the present. In this study, adopting the observer perspective during the study might have influenced participants' recall of perspective in a difficult social situation. However, even if this is the case, the fact that the memories of high and low socially anxious groups were equally influenced suggests that the observer

perspective can be used by both groups, even though research shows that people who are low in social anxiety use it less often.

Self-focus may be inevitable from time to time (Burgio et al, 1986) and may be accompanied by the observer perspective. This suggests that using video feedback to correct an excessively negative observer perspective image would help socially anxious individuals, particularly if excessively high standards for social performance (Clark & Wells, 1995) are addressed simultaneously. A more positive observer image together with more realistic standards for social performance would have the effect of reducing the discrepancy between socially anxious individuals' images of their social performance and the standards they set themselves. In this case, there would no longer be a chronic perception of an unfavourable discrepancy between the actual and desired social performance (Carver & Scheier, 1981). If this discrepancy was reduced, continual self-monitoring would no longer be necessary and would decrease spontaneously.

Another way of dealing with the negative observer image of high socially anxious people is to help them to avoid the observer perspective and adopt the field perspective as much as possible. This approach has been successfully taken by Wells & Papageorgiou (1998), who manipulated external focus of attention and found that it was associated with a reduced use of observer perspective and an increased use of field perspective, and that this was effective in increasing the gains of therapeutic exposure. Additionally, if individuals spend less time self-focused or in the observer perspective, they will be less aware of falling short of standards that they have set themselves (Duval & Wicklund, 1972). Reduced self-focused attention is also important in order that people can attend to social cues in the environment (Clark & Wells, 1995). If, however, adopting the observer perspective is inevitable

at times, then the use of video feedback to correct the distorted observer image may help to maintain treatment gains as the image in the observer perspective would be less negative and therefore less likely to maintain social anxiety.

There were various methodological problems associated with this study. The social task involved giving a speech in front of a camera and an audience. Both cameras and audiences have been used manipulations for self-awareness. This may have made it more difficult to take the field perspective, which often occurs in a non-self aware state. Although the manipulation checks for perspective and focus of attention gave no indication that participants had found it harder to take the field perspective, the manipulation checks could have been affected by demand characteristics. The instructions for getting into perspective used phrases both about perspective-taking and about focus of attention. Participants would have been well aware of what was required and their responses on the manipulation checks may have reflected this.

If participants found it harder to use the field perspective, the difference between the observer and field conditions may have been reduced. Future studies could overcome this problem by using a task that does not produce such a high degree of self-focus, for example, a conversation. However, all social situations contain other people, who usually trigger some degree of self-awareness. It would be difficult to completely remove triggers for self-focused attention in an experimental social situation, and even if this was possible, the results may lack external validity. In addition, a complete removal of triggers for self-focused attention may make the observer perspective difficult to achieve.

This was a study on high and low socially anxious undergraduate students. In order to generalize the findings to social phobia, the study needs to be replicated with

clinical groups. However, the results have implications for high social anxiety. Many people have other difficulties which are secondary to social anxiety (Marshall, 1996), such as substance misuse, and come to psychology services because of these. Even if a service user does not meet the criteria for a diagnosis of social phobia, he or she may benefit from techniques that have been developed to treat social phobia.

Excessive self-focused attention is associated with many clinical disorders (Ingram, 1990) such as depression and generalized anxiety as well as social anxiety. Techniques for creating a more positive observer image, or for shifting for from observer perspective to field perspective, may be a useful treatment for other disorders. Agoraphobia is a case in point: individuals who suffer from this disorder use the observer perspective (Wells & Papageorgiou, 1999). However, unlike individuals with social phobia, who only use the observer perspective in social situations, people with agoraphobia use this perspective in non-social situations as well. Wells & Papageorgiou (1999) suggest that agoraphobic individuals have a relatively stable image based on processing of the public self, and propose that the observer perspective is associated with social evaluative-anxiety. However, research is needed to clarify whether this is the case, or whether the observer perspective is sometimes adopted in the absence of social-evaluative anxiety.

## Conclusion

According to Clark & Wells' (1995) model of social phobia, the image of the self in the observer perspective contains negative information that maintains anxiety in socially anxious individuals. The results of this study are consistent with this hypothesis. However, the study failed to find an effect of observer perspective on participants who are low in social anxiety. The results of the study provide indirect

evidence which suggests that in this group the observer perspective may contain positive rather than negative information. Both sets of findings have clinical implications for work with socially phobic and socially anxious individuals.

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Fig. 1. Bar graph to show mean self-rated thought frequency (0-4) for observer and field conditions, for high and low Fear of Negative Evaluation (FNE) groups

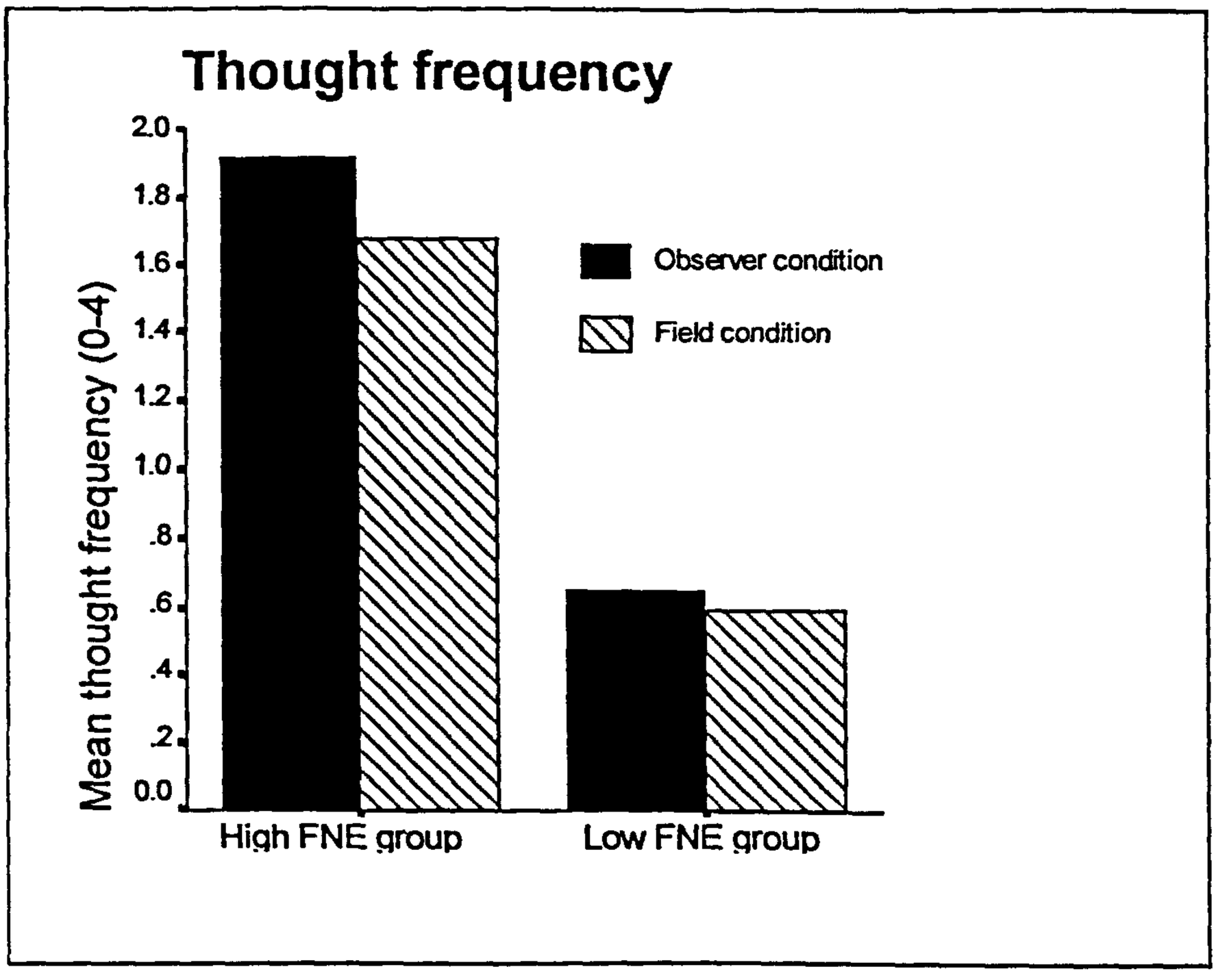
Thought frequency
Mean thought frequency (0-4)
2.0
1.8
1.6
1.4
1.2
1.0
.8
.6
.4
.2
0.0
Observer condition
Field condition
High FNE group
Low FNE group

Fig. 2. Graph to show interaction between Fear of Negative Evaluation (FNE) group and time of rating (before or after videotape viewing) for public speaking rating scale scores in the observer perspective

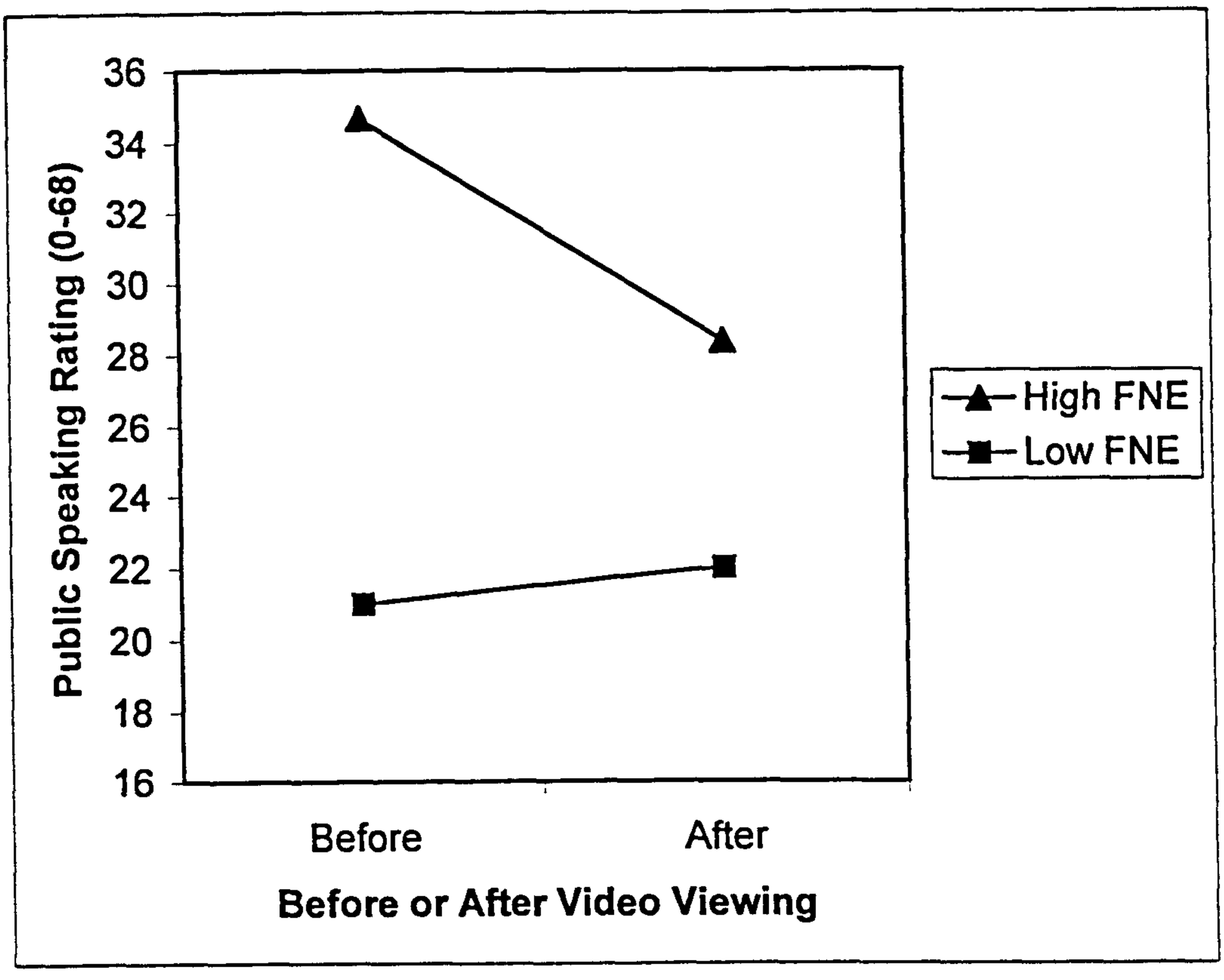
36
34
32
30
28
26
24
22
20
18
16
Public Speaking Rating (0-68)
Before
After
Before or After Video Viewing
High FNE
Low FNE

Table 1. Comparisons (Mann-Whitney U) of high and low Fear of Negative Evaluation (FNE) groups on measures of anxiety and social anxiety.

| | High FNE | | Low FNE | | |
|---|---|---|---|---|---|
| Variable | Mean | (SD) | Mean | SD | U |
| FNES | 25.14 | (3.43) | 5.73 | (1.80) | 0.0 *** |
| SIAS | 38.45 | (15.17) | 13.91 | (7.56) | 27.5 *** |
| SPS | 28.27 | (15.20) | 8.73 | (6.37) | 53.5 *** |
| SBQ | 38.77 | (10.56) | 23.90 | (9.43) | 70.0 *** |
| BAI | 16.14 | (8.56) | 7.45 | (4.76) | 89.0 *** |

*** $p < .001$

Note:
FNES = Fear of Negative Evaluation Scale, SIAS = Social Interaction Anxiety Scale, SPS = Social Phobia Scale, SBQ = Social Behaviours Questionnaire, BAI = Beck Anxiety Inventory.

Table 2. Comparisons (Mann Whitney-U) of High and Low Fear of Negative Evaluation (FNE) groups for the Negative Thoughts checklist.

| | **High FNE** | **Low FNE** | |
|---|---|---|---|
| | Mean (SD) | Mean (SD) | U |
| | **Thought Frequency** | | |
| Observer condition | 1.91 (0.82) | 0.65 (0.44) | 45.50*** |
| Field condition | 1.67 (0.83) | 0.59 (0.45) | 57.00*** |
| | **Thought Extent of Belief** | | |
| Observer condition | 58.97 (20.10) | 37.91 (19.51) | 116.00** |
| Field condition | 55.09 (19.58) | 33.73 (15.90) | 94.00*** |

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 3. Comparisons (Mann-Whitney U) between high and low Fear of Negative Evaluation (FNE) groups for Public Speaking Rating Scale (PSRS) scores taken before videotape viewing.

| | **High FNE** | **Low FNE** | |
|---|---|---|---|
| | Mean (SD) | Mean (SD) | U |
| **Total Ratings** | | | |
| Observer Condition | 34.68 (11.31) | 21.00 (7.23) | 70.50 *** |
| Field Condition | 32.86 (11.89) | 20.36 (6.60) | 81.00 *** |
| General Sub-Scale Ratings | | | |
| Observer Condition | 13.50 (4.22) | 9.27 (3.05) | 102.50 ** |
| Field Condition | 13.45 (3.88) | 9.22 (3.13) | 101.00 ** |
| **Specific Sub-Scale Ratings** | | | |
| Observer condition | 21.18 (8.22) | 11.72 (4.79) | 67.00 *** |
| Field condition | 19.40 (8.94) | 11.13 (4.17) | 97.00 ** |

* $p < .05$ ** $p < .01$ *** $p < .001$

# Appendices

# Appendix A

## Instructions to authors – Clinical Psychology Review

# CLINICAL PSYCHOLOGY REVIEW

## INSTRUCTIONS TO AUTHORS

**AIMS AND SCOPE:** *Clinical Psychology Review* publishes substantive reviews of topics germane to clinical psychology. Its purpose is to help clinical psychologists keep up-to-date on relevant issues outside of their immediate areas of expertise by publishing scholarly but readable reviews. Papers cover diverse issues, including: psychopathology, psychotherapy, behavior therapy, behavioral medicine, community mental health, assessment, and child development.

Reviews on other topics, such as psychophysiology, learning therapy, and social psychology, often appear if they have a clear relationship to research or practice in clinical psychology. Integrative literature reviews and summary reports of innovative ongoing clinical research programs are also sometimes published. Reports on individual research studies are not appropriate.

**SUBMISSION REQUIREMENTS:** All manuscripts should be submitted to Alan S. Bellack, The University of Maryland at Baltimore, Department of Psychiatry, 737 W. Lombard St., Suite 551, Baltimore, MD 21201, USA. Submit three (3) high-quality copies of the entire manuscript; the original is not required. Allow ample margins and type double-space throughout. Papers should not exceed 50 pages (including references). One of the paper's authors should enclose a letter to the Editor, requesting review and possible publication; the letter must also state that the manuscript has not been previously published and has not been submitted elsewhere. One author's address (as well as any upcoming address change), telephone and FAX numbers, and E-mail address (if available) should be included; this individual will receive all correspondence from the Editor and Publisher.

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**COMPUTER DISKS:** Authors are encouraged to submit a 3.5" HD/DD computer disk to the editorial office. Please observe the following criteria: (1) Send only hard copy when first submitting your paper. (2) When your paper has been refereed, revised if necessary, and accepted, send a disk containing the final version with the final hard copy. If the disk cannot be converted, the hard copy will be used. (3) Specify what software was used, including which release, e.g., WordPerfect 6.0a. (4) Specify what computer was used (IBM compatible PC, Apple Macintosh, etc.). (5) The article file should include all textual material (text, references, tables, figure captions, etc.) and separate illustration files, if available. (6) The file should follow the general instructions on style/arrangement and, in particular, the reference style of this journal as given in the Instructions to Contributors. (7) The file should be single-spaced and should use the wrap-around end-of-line feature, i.e., returns at the end of paragraphs only. Place two returns after every element such as title, headings, paragraphs, figure and table call-outs. (8) Keep a back-up disk for reference and safety.

**TITLE PAGE:** The title page should list (1) the article; (2) the authors' names and affiliations at the time the work was conducted; (3) a concise running title; and (4) an unnumbered footnote giving an address for reprint requests and acknowledgments.

**ABSTRACT:** An abstract should be submitted that does not exceed 200 words in length. This should be typed on a separate page following the title page.

**KEYWORDS:** Authors should include up to six keywords with their article. Keywords should be selected from the APA list of index descriptors, unless otherwise agreed with the Editor.

**STYLE AND REFERENCES:** Manuscripts should be carefully prepared using the *Publication Manual of the American Psychological Association*, 4th ed., 1994, for style. The reference section must be double spaced, and all works cited must be listed. Avoid abbreviations of journal titles and incomplete information.

**Reference Style for Journals:**
Raymond, M. J. (1964). The treatment of addiction by aversion conditioning with apomorphine. *Behavior Research and Therapy, 3,* 287–290.

**For Books:**
Barlow, D. H., Hayes, S. C., & Nelson, R. O. (1984). *The scientist practitioner: Research and accountability in clinical and educational settings.* Elmsford, NY: Pergamon.

**TABLES AND FIGURES:** Do not send glossy prints, photographs or original artwork until acceptance. Copies of all tables and figures should be included with each copy of the manuscript. Upon acceptance of a manuscript for publication, original, camera-ready photographs and artwork must be submitted, unmounted and on glossy paper. Photocopies, blue ink or pencil are not acceptable. Use black india ink and type figure legends on a separate sheet. Write the article title and figure number lightly in pencil on the back of each.

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# Appendix B

## Instructions to authors – Behaviour Research and Therapy

BEHAVIOUR RESEARCH AND THERAPY
incorporating BEHAVIORAL ASSESSMENT

# *Information for Contributors*

*Submission of Papers*

Authors are requested to submit their original manuscript and figures with two copies. Manuscripts for the regular section should be sent to Dr S. Rachman, Department of Psychology, University of British Columbia, Vancouver, British Columbia, Canada, V6T 1Z4. Manuscripts for the *Behavioral Assessment* Section should be sent to Dr S. Taylor, Department of Psychiatry, 2255 Wesbrook mall, Vancouver, British Columbia, Canada, V6T 2A1.

Submission of a paper implies that it has not been published previously, that it is not under consideration for publication elsewhere, and that if accepted it will not be published elsewhere in the same form, in English or in any other language, without the written consent of the publisher.

*Manuscript Preparation*

General: Manuscripts must be typewritten, double-spaced with wide margins on one side of white paper. Good quality printouts with a font size of 12 or 10 pt are required. The corresponding author should be identified (include a Fax number and E-mail address). Full postal addresses must be given for all co-authors. Authors should consult a recent issue of the journal for style if possible. An electronic copy of the paper should accompany the final version. The Editors reserve the right to adjust style to certain standards of uniformity. Authors should retain a copy of their manuscript since we cannot accept responsibility for damage or loss of papers. Original manuscripts are discarded one month after publication unless the Publisher is asked to return original material after use.

Abstracts: A summary, not exceeding 200 words, should be submitted on a separate sheet in duplicate. The summary will appear at the beginning of the article.

Keywords: Authors should include up to six keywords with their article. Keywords should be selected from the APA list of index descriptors, unless otherwise agreed with the Editor.

Text: Follow this order when typing manuscripts: Title, Authors, Affiliations, Abstract, Keywords, Main text, Acknowledgements, Appendix, References, Vitae, Figure Captions and then Tables. Do not import the Figures or Tables into your text. The corresponding author should be identified with an asterisk and footnote. All other footnotes (except for table footnotes) should be identified with superscript Arabic numbers.

References: All publications cited in the text should be present in a list of references following the text of the manuscript. In the text refer to the author's name (without initials) and year of publication, e.g. "Since Peterson (1993) has shown that . . ." or "This is in agreement with results obtained later (Kramer, 1994)". For 2–6 authors, all authors are to be listed at first citation, with "&" separating the last two authors. For more than six authors, use the first six authors followed by et al. In subsequent citations for three or more authors use author et al. in the text. The list of references should be arranged alphabetically by authors' names. The manuscript should be carefully checked to ensure that the spelling of authors names and dates are exactly the same in the text as in the reference list.

References should be prepared carefully using the *Publication Manual of the American Psychological Association* for style as follows:

Birbaumer, N., Gerber, D., Miltner, W., Lutzenberger, W., & Kluck, M. (1984). Start with biofeedback and continue with behavior therapy in migraine. *Proceedings of the 15th Annual Meeting of Biofeedback Society of America* (pp. 33–36) Albuquerque.

Gray, J.A. (1976). The behavioral inhibition system: a possible substratum for anxiety. In M. P. Feldman & A. Broadhurst. *Theoretical and experimental bases of the behaviour therapies* (pp. 3–41). London: Wiley.

Taber, I.I., McCormick, R.A., Russo, A.M., Adkins, B.J., & Ramirez, L.F. (1987). Follow-up of pathological gamblers after treatment. *American Journal of Psychiatry*, *144*, 757–761.

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*Line drawings:* Good quality printouts on white paper produced in black ink are required. All lettering, graph lines and points on graphs should be sufficiently large and bold to permit reproduction when the diagram has been reduced to a size suitable for inclusion in the journal. Dye-line prints or photocopies are not suitable for reproduction. Do not use any type of shading on computer-generated illustrations.

*[continued opposite*

BEHAVIOUR RESEARCH AND THERAPY
incorporating BEHAVIORAL ASSESSMENT

*Information for Contributors—continued]*

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*Colour:* Authors will be charged for colour at current printing costs.

**Tables:** Tables should be numbered consecutively and given a suitable caption and each table typed on a separate sheet. Footnotes to tables should be typed below the table and should be referred to by superscript lowercase letters. No vertical rules should be used. Tables should not duplicate results presented elsewhere in the manuscript (e.g. in graphs).

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## Appendix C (i)

## Participant information sheet

# Presentation skills study
# Information Sheet

You are being asked to take part in a research study about effective presentation skills. We are interested in different styles of speaking and how they affect performance. We are also interested in the effects of using different styles on the mood and thoughts of the speaker.

You will be asked to give two short presentations on videotape, lasting 2-3 minutes each, using a different style for each one. I will give you the instructions for how to do this at the appropriate time. You will be asked to carry out some ratings, and the tapes will also be rated after the experiment. You will also be asked to fill in questionnaires about your mood and thoughts as the experiment proceeds.

At the end of the study you will be given some information on effective presentation and I will discuss with you some particular ways in which you could improve your skills.

You are free to decline to take part in this study, and even if you do consent, you are free terminate your participation at any time during the experiment, without giving an explanation.

The experiment lasts for 50 mins to 1 hour. You will be paid £4 for your participation. If you would like to take part, please sign the attached consent form.

## Appendix C (ii)

## Participant consent form

**Consent Form**

**Presentation skills study**

I have read and understood the Information Sheet, and have had an opportunity to ask questions. I also understand that I may withdraw from the study at any time, without giving an explanation.

I agree to take part in the research study named above.

Name .....

Signature.....

Experimenter's name.....

Signature.....

I would like to receive a summary of the findings of this study YES/NO

If yes, please give address (postal or e-mail)

.....

.....

.....

# Appendix D (i)

## Social Interaction Anxiety Scale

## SIAS

For each question, please circle a number to indicate the degree to which you feel the statement is characteristic or true of you. The rating scale is as follows:

0 = Not at all characteristic or true of me
1 = Slightly characteristic or true of me
2 = Moderately characteristic or true of me
3 = Very characteristic or true of me
4 = Extremely characteristic or true of me

| | Not at All | Slightly | Moderately | Very | Extremely |
|---|---|---|---|---|---|
| 1. I get nervous if I have to speak with someone in authority (teacher, boss). | 0 | 1 | 2 | 3 | 4 |
| 2. I have difficulty making eye-contact with others. | 0 | 1 | 2 | 3 | 4 |
| 3. I become tense if I have to talk about myself or my feelings. | 0 | 1 | 2 | 3 | 4 |
| 4. I find difficulty mixing comfortably with the people I work with. | 0 | 1 | 2 | 3 | 4 |
| 5. I find it easy to make friends of my own age. | 0 | 1 | 2 | 3 | 4 |
| 6. I tense-up if I meet an acquaintance in the street. | 0 | 1 | 2 | 3 | 4 |
| 7. When mixing socially, I am uncomfortable. | 0 | 1 | 2 | 3 | 4 |
| 8. I feel tense if I am alone with just one person. | 0 | 1 | 2 | 3 | 4 |
| 9. I am at ease meeting people at parties, etc. | 0 | 1 | 2 | 3 | 4 |
| 10. I have difficulty talking with other people. | 0 | 1 | 2 | 3 | 4 |
| 11. I find it easy to think of things to talk about. | 0 | 1 | 2 | 3 | 4 |
| 12. I worry about expressing myself in case I appear awkward. | 0 | 1 | 2 | 3 | 4 |
| 13. I find it difficult to disagree with another's point of view. | 0 | 1 | 2 | 3 | 4 |
| 14. I have difficulty talking to attractive person of the opposite sex. | 0 | 1 | 2 | 3 | 4 |
| 15. I find myself worrying that I won't know what say in social situations. | 0 | 1 | 2 | 3 | 4 |
| 16. I am nervous mixing with people I don't know well. | 0 | 1 | 2 | 3 | 4 |
| 17. I feel I'll say something embarrassing when talking. | 0 | 1 | 2 | 3 | 4 |
| 18. When mixing in a group, I find myself worrying I will be ignored. | 0 | 1 | 2 | 3 | 4 |
| 19. I am tense mixing in a group. | 0 | 1 | 2 | 3 | 4 |
| 20. I am unsure whether to greet someone I know only slightly. | 0 | 1 | 2 | 3 | 4 |

## Appendix D (ii)

## Social Phobia Scale

SPS

For each question, please circle a number to indicate the degree to which you feel the statement is characteristic or true of you. The rating scale is as follows:

0 = Not at all characteristic or true of me
1 = Slightly characteristic or true of me
2 = Moderately characteristic or true of me
3 = Very characteristic or true of me
4 = Extremely characteristic or true of me

---

| | Not at All | Slightly | Moderately | Very | Extremely |
|---|---|---|---|---|---|
| 1. I become anxious if I have to write in front of other people. | 0 | 1 | 2 | 3 | 4 |
| 2. I become self-conscious when using public toilets | 0 | 1 | 2 | 3 | 4 |
| 3. I can suddenly become aware of my own voice and of others listening to me. | 0 | 1 | 2 | 3 | 4 |
| 4. I get nervous that people are staring at me as I walk down the street. | 0 | 1 | 2 | 3 | 4 |
| 5. I fear I may blush when I am with others. | 0 | 1 | 2 | 3 | 4 |
| 6. I feel self-conscious if I have to enter a room where others are already seated. | 0 | 1 | 2 | 3 | 4 |
| 7. I worry about shaking or trembling when I'm watched by other people. | 0 | 1 | 2 | 3 | 4 |
| 8. I would get tense if I had to sit facing other people on a bus or a train. | 0 | 1 | 2 | 3 | 4 |
| 9. I get panicky that others might see me faint, or be sick or ill. | 0 | 1 | 2 | 3 | 4 |
| 10. I would find it difficult to drink something if in a group of people. | 0 | 1 | 2 | 3 | 4 |
| 11. It would make me feel self-conscious to eat in front of a stranger at a restaurant. | 0 | 1 | 2 | 3 | 4 |
| 12. I am worried people will think my behavior odd. | 0 | 1 | 2 | 3 | 4 |
| 13. I would get tense if I had to carry a tray across a crowded cafeteria. | 0 | 1 | 2 | 3 | 4 |
| 14. I worry I'll lose control of myself in front of other people. | 0 | 1 | 2 | 3 | 4 |
| 15. I worry I might do something to attract the attention of other people. | 0 | 1 | 2 | 3 | 4 |
| 16. When in an elevator, I am tense if people look at me. | 0 | 1 | 2 | 3 | 4 |
| 17. I can feel conspicuous standing in a line. | 0 | 1 | 2 | 3 | 4 |
| 18. I can get tense when I speak in front of other people. | 0 | 1 | 2 | 3 | 4 |
| 19. I worry my head will shake or nod in front of others. | 0 | 1 | 2 | 3 | 4 |
| 20. I feel awkward and tense if I know people are watching me. | 0 | 1 | 2 | 3 | 4 |

## Appendix D (iii)

## Social Behaviour Questionnaire

Text cut off in original

# SOCIAL BEHAVIOUR QUESTIONNAIRE socbeh.5/95

Name:.....Date:.....

**Please circle the word which best decribes how often you do the following things when you are anxious in or before a social situation.**

| | | | | |
|---|---|---|---|---|
| Use alcohol to manage anxiety | Always | Often | Sometimes | Never |
| Try not to attract attention | Never | Sometimes | Often | Always |
| Make an effort to get your words right | Never | Sometimes | Often | Always |
| Check that you are coming across well | Always | Often | Sometimes | Never |
| Avoid eye contact | Never | Sometimes | Often | Always |
| Talk less | Always | Often | Sometimes | Never |
| Avoid asking questions | Always | Often | Sometimes | Never |
| Try to picture how you appear to others | Never | Sometimes | Often | Always |
| Grip cups or glasses tightly | Never | Sometimes | Often | Always |
| Position yourself so as not to be noticed | Always | Often | Sometimes | Never |
| Try to control shaking | Always | Often | Sometimes | Never |
| Choose clothes that will prevent or conceal sweating | Never | Sometimes | Often | Always |
| Wear clothes or makeup to hide blushing | Never | Sometimes | Often | Always |
| Rehearse sentences in your mind | Always | Often | Sometimes | Never |
| Censor what you are going to say | Always | Often | Sometimes | Never |
| Blank out or switch off mentally | Never | Sometimes | Often | Always |
| Avoid talking about yourself | Never | Sometimes | Often | Always |
| Keep still | Always | Often | Sometimes | Never |
| Ask lots of questions | Always | Often | Sometimes | Never |
| Think positive | Never | Sometimes | Often | Always |
| Stay on the edge of groups | Never | Sometimes | Often | Always |
| Avoid pauses in speech | Always | Often | Sometimes | Never |
| Hide your face | Never | Sometimes | Often | Always |
| Try to think about other things | Always | Often | Sometimes | Never |
| Talk more | Always | Often | Sometimes | Never |
| Try to act normal | Always | Often | Sometimes | Never |
| Try to keep tight control of your behaviour | Never | Sometimes | Often | Always |
| Make an effort to come across well | Always | Often | Sometimes | Never |

## Appendix D (iv)

## Negative Thoughts Checklist

Listed below are some thoughts that go through people's minds when they are nervous or frightened about performance situations such as making a presentation. Please indicate, on the LEFT hand side of the form, how often during your presentation each thought occurred; rate each thought from 0-4 using the following scale:

0. Thought did not occur
1. Thought occurred some of the time
2. Thought occurred half of the time
3. Thought occurred most of the time
4. Thought occurred all of the time

____ I am babbling/talking funny ____

____ People will think badly of me ____

____ I can't look at the camera ____

____ I'm talking rubbish ____

____ I am stuttering ____

____ People will think I'm stupid ____

____ I am pausing for too long ____

____ I'm terrified ____

____ I am fidgeting too much ____

____ I'm about to dry up ____

____ I am 'um-ing' and 'ah-ing' ____

____ I am not speaking clearly ____

____ People will see I'm shaking ____

____ People will see I'm blushing ____

____ I'm not making sense ____

____ My face is twitching ____

____ My voice is quivering ____

____ I am obviously nervous ____

____ I am being boring ____

____ I am making a bad impression ____

Please write down any other thoughts not listed which went through your mind whilst you were giving your presentation.

.....

.....

.....

How much (during the speech) do you believe each thought to be true? Please rate each thought by choosing a number from the scale below, and put the number which applies for each question on the line on the RIGHT hand side of the form.

0 10 20 30 40 50 60 70 80 90 100

I did not believe this thought at all

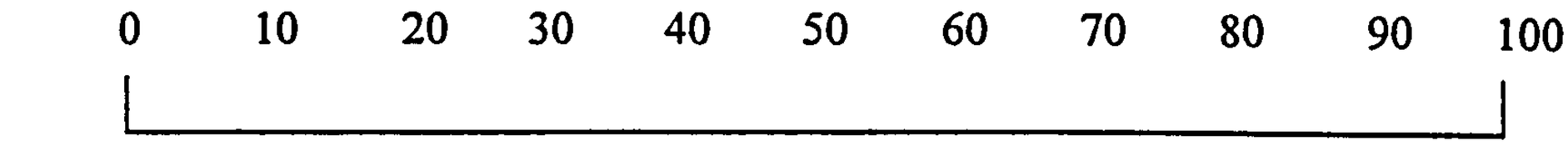
I was completely convinced this thought was true

## Appendix D (v)

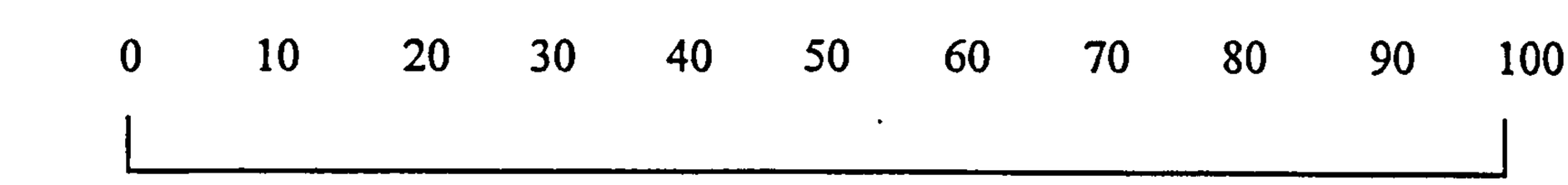
## Mood measure

**At this moment I feel**

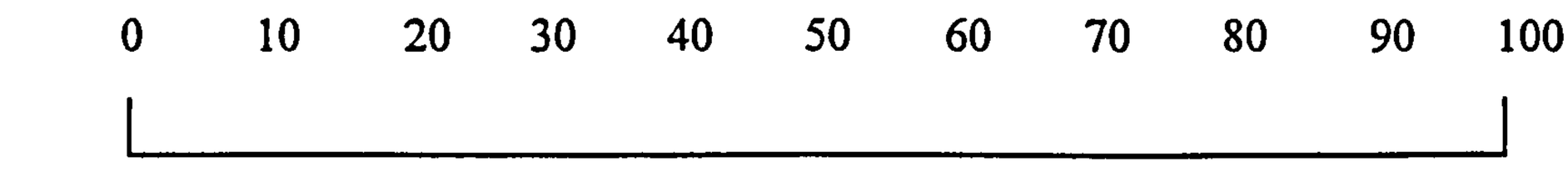
**Happy**



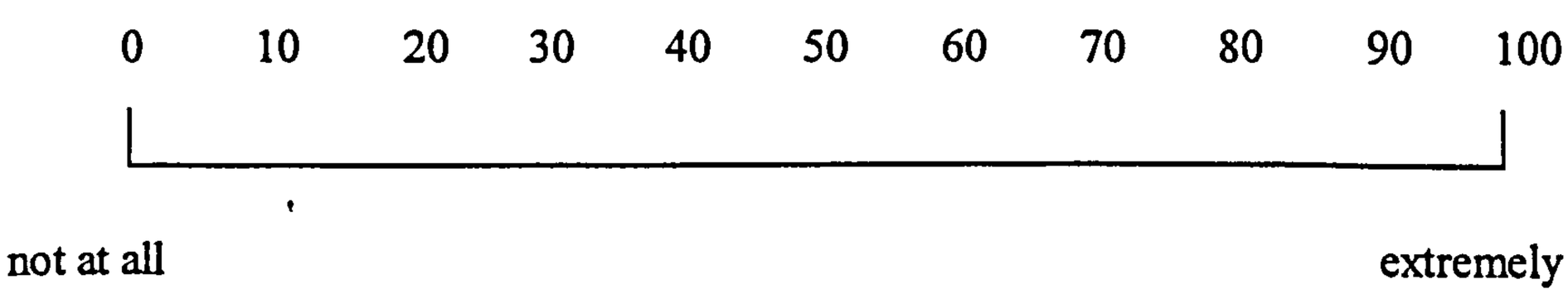

**Angry**




**Anxious**




**Despondent**



## Appendix D (vi)

## Short form of the Social Behaviour Questionnaire

Please circle the number associated with how often you did the following things when you were making your presentation, using the key below:

0. Not at all
1. Some of the time
2. Most of the time
3. All of the time

| | | | | |
|---|---|---|---|---|
| Made an effort to get your words right | 0 | 1 | 2 | 3 |
| Checked that you were coming across well | 0 | 1 | 2 | 3 |
| Tried to act normal | 0 | 1 | 2 | 3 |
| Avoided eye contact | 0 | 1 | 2 | 3 |
| Tried to control shaking | 0 | 1 | 2 | 3 |
| Rehearsed sentences in your mind | 0 | 1 | 2 | 3 |
| Censored what you were going to say | 0 | 1 | 2 | 3 |
| Blanked out or switched off mentally | 0 | 1 | 2 | 3 |
| Kept still | 0 | 1 | 2 | 3 |
| Thought positive | 0 | 1 | 2 | 3 |
| Avoided pauses in speech | 0 | 1 | 2 | 3 |
| Hid your face | 0 | 1 | 2 | 3 |
| Tried to think about other things | 0 | 1 | 2 | 3 |
| Tried to keep tight control of your behaviour | 0 | 1 | 2 | 3 |
| Made an effort to come across well | 0 | 1 | 2 | 3 |

## Appendix D (vii)

## Public Speaking Rating Scale

## PERFORMANCE RATING FORM - SELF

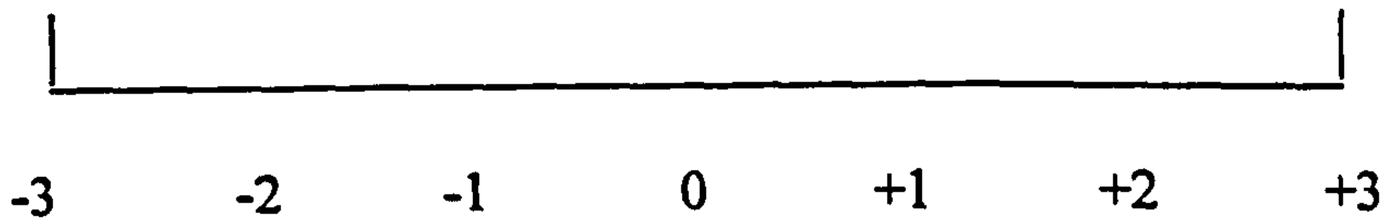
We would like you to rate <u>yourself</u> on the features listed below. For each feature, please circle the appropriate number to indicate how <u>you</u> felt <u>you actually</u> performed. Your evaluation will remain confidential.

Your name:_____ Date:_____

| | not at all | slightly | moder-ately | much | very much |
|---|---|---|---|---|---|
| Content was understandable | 0 | 1 | 2 | 3 | 4 |
| Kept eye contact with audience | 0 | 1 | 2 | 3 | 4 |
| Stuttered | 0 | 1 | 2 | 3 | 4 |
| Had long pauses (more than 5 seconds) | 0 | 1 | 2 | 3 | 4 |
| Fidgeted | 0 | 1 | 2 | 3 | 4 |
| "Um"ed and "Ah"ed | 0 | 1 | 2 | 3 | 4 |
| Had a clear voice | 0 | 1 | 2 | 3 | 4 |
| Seemed to tremble or shake | 0 | 1 | 2 | 3 | 4 |
| Sweated | 0 | 1 | 2 | 3 | 4 |
| Blushed | 0 | 1 | 2 | 3 | 4 |
| Face twitched | 0 | 1 | 2 | 3 | 4 |
| Voice quivered | 0 | 1 | 2 | 3 | 4 |
| Appeared confident | 0 | 1 | 2 | 3 | 4 |
| Appeared nervous | 0 | 1 | 2 | 3 | 4 |
| Kept audience interested | 0 | 1 | 2 | 3 | 4 |
| Generally spoke well | 0 | 1 | 2 | 3 | 4 |
| Made a good impression | 0 | 1 | 2 | 3 | 4 |

## Appendix D (viii)

### Manipulation check for perspective taking



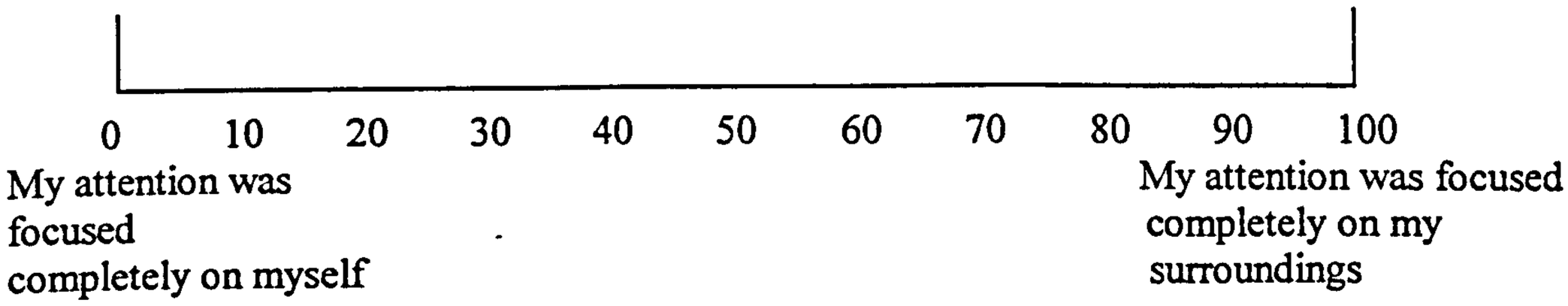

entirely looking out
through my own eyes

entirely observing myself
from an external point of view

## Appendix D (ix)

## Focus of attention measure

Where did you feel your focus of attention was during the speech?



## Appendix D (x)

## Suggested subjects for speeches

**Suggested subjects for speech**

What I did on my holidays

The current Labour Government

The Irish question

Animal rights

My current or future project/research

My ideal job

Student poverty

How/how not to buy a second-hand car

Euthanasia

My hobby/pastime/sport

# Appendix E

## University of Southampton ethical approval form

7. To be completed by the Supervisor

Do you foresee any ethical problems with this research? YES/NO

If YES, please detail.

Signature of Supervisor Lucien Stopa Date 19/11/2000

8. Ethical Authorisation given by

Name(s) TONY ROBERTS

Signature(s) .....

Date 31/1/00

9. If not Authorised, give reason for transmission to Full Ethics Committee

10. Decision of Full Ethics Committee

11. Points to be noted at the end of year meeting of the Ethics Committee

When full approval has been given, please pass this form to the Ethics Committee Secretary in the Psychology Department General Office (room 4041).

**Critical Overview**

Consideration was given to the use of verbal instructions for the experimental manipulation. The use of verbal instructions was decided upon because there was no precedent in the published studies for manipulating perspective. Previous studies on the observer perspective have involved participants being asked to report spontaneously occurring observer perspective images. Video cameras and audiences have been used in the social psychological literature as manipulations for self-focused attention, but have not reliably been shown to induce external perspective taking, or the observer perspective. Therefore using instruction was the only method available. It was not known whether participants would be able to comply with the instructions, however, most participants reported that they could. It is possible that this response was affected by demand characteristics, as mentioned in the discussion.

The focus of attention was not referred to in the results. This measure was included as it was expected that the observer perspective would be associated with focus of attention on the self, and the field perspective with focus of attention on the environment. The measures were highly correlated, as expected, and therefore it was not considered an interesting enough result to report in a paper for publication. However, both perspective taking and focus of attention were mentioned in the instructions, and therefore, the focus of attention does not provide a check for the experimental manipulation. Therefore, fact that perspective and focus of attention were related does not eliminate the possibility that these responses were affected by demand. However, the consistent pattern of results in the data for the majority of the dependent variables (with the exception of thought extent of belief) suggests that the observer condition was affecting participants.

In this study, the prediction was made that both groups would be negatively affected by the adoption of the observer perspective. With hindsight, it is easy to see that high socially anxious people would be more negatively affected in a social situation than low socially anxious people would be. People who are socially anxious already have more negative self-related thoughts and higher anxiety with regard to social situations than low socially anxious people, therefore, it can be seen how a focus on the self brought about by the observer perspective could have more of a negative effect on high socially anxious people than on low socially anxious people. However, the prediction was made that participants in both groups would be affected because there was no evidence in the literature on the observer perspective to suggest otherwise. In the absence of this evidence, and given that the two relevant theories cited in the introduction led to opposite predictions, it was thought best to make the most straightforward prediction.

There was a gender imbalance in the participants. There was only one man in the high FNE group, and there were also fewer men than women in the low FNE group. In a future study, it would be preferable to have equal numbers of men and women in each group, so that gender differences could be considered in the analyses.