The *Essential* Handbook of Social Anxiety for Clinicians

Edited by
W. Ray Crozier
Cardiff University, UK
and
Lynn E. Alden
University of British Columbia, Canada

John Wiley & Sons, Ltd

The *Essential* Handbook of Social Anxiety for Clinicians

The *Essential* Handbook of Social Anxiety for Clinicians

Edited by
W. Ray Crozier
Cardiff University, UK
and
Lynn E. Alden
University of British Columbia, Canada

John Wiley & Sons, Ltd

Telephone (+44) 1243 779777

Email (for orders and customer service enquiries): cs-books@wiley.co.uk
Visit our Home Page on www.wileyeurope.com or www.wiley.com

Other Wiley Editorial Offices

John Wiley & Sons Inc., 111 River Street, Hoboken, NJ 07030, USA

Jossey-Bass, 989 Market Street, San Francisco, CA 94103-1741, USA

Wiley-VCH Verlag GmbH, Boschstr. 12, D-69469 Weinheim, Germany

John Wiley & Sons Australia Ltd, 33 Park Road, Milton, Queensland 4064, Australia

John Wiley & Sons (Asia) Pte Ltd, 2 Clementi Loop #02-01, Jin Xing Distripark, Singapore 129809

John Wiley & Sons Canada Ltd, 22 Worcester Road, Etobicoke, Ontario, Canada M9W 1L1

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Library of Congress Cataloging-in-Publication Data

The essential handbook of social anxiety for clinicians / edited by W. Ray Crozier and Lynn E. Alden.
p. cm.
Includes index.
ISBN 0-470-02266-3
1. Social phobia–Handbooks, manuals, etc. 2. Anxiety–Handbooks, manuals, etc. I. Crozier, W. Ray, 1945– II. Alden, Lynn E.

RC552.S62E85 2005
616.85′22–dc22 2004024097

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN 0-470-02266-3

Typeset in 10/12pt Times by SNP Best-set Typesetter Ltd., Hong Kong
Printed and bound in Great Britain by Antony Rowe Ltd, Chippenham, Wiltshire
This book is printed on acid-free paper responsibly manufactured from sustainable forestry in which at least two trees are planted for each one used for paper production.

Contents

About the Editors

W. Ray Crozier (PhD) is Professor of Psychology in the School of Social Sciences, Cardiff University. He is a Fellow of the British Psychological Society. He has published extensively on shyness and embarrassment as well as the psychology of art and decision-making, and is the author of *Understanding Shyness* (Palgrave, 2001) and editor of *Shyness: Development, Consolidation and Change* (Routledge, 2000). He organized the International Conference on Shyness and Self-consciousness held in Cardiff in 1997.

School of Social Sciences, Cardiff University, Glamorgan Building, King Edward VII Avenue, Cardiff CF10 3WT, UK

Lynn E. Alden (PhD) is a Professor in the Department of Psychology at the University of British Columbia. She also holds an appointment as clinical supervisor in the psychology internship program at Vancouver General Hospital. She has served as Director of Clinical Training at UBC, as President of the Canadian Council of Professional Psychology Programs, and is a Fellow of the Canadian Psychological Association. In addition, Dr Alden served as an Associate Editor of *Cognitive Therapy and Research*. She has published extensively on cognitive-interpersonal perspectives of social anxiety, social phobia, and avoidant personality disorder.

Department of Psychology, University of British Columbia, Vancouver, BC, Canada V6T 1Z4, Canada

List of Contributors

Kim B. Burgess (PhD) is in private practice as a Clinical Psychologist whilst also holding the position of Associate Research Professor in Human Development at the University of Maryland, College Park. Her research focuses on child psychosocial adjustment, peer relationships, and parent–child relationships.

Department of Human Development, 3304 Benjamin Building, University of Maryland College Park, MD 20742-1131, USA

Denise Chavira (PhD) is a research fellow in the Anxiety and Traumatic Stress Disorders Clinic at the University of California San Diego. She is currently studying the effectiveness of combined pharmacological and psychoeducational treatments for social anxiety in children and adolescents, as well as prevalence rates and clinical correlates of social anxiety disorder in paediatric healthcare settings.

Department of Psychology, Doctoral Training Facility, San Diego State University, 6363 Alvarado Ct., #103, San Diego, CA 92120-4913, USA

Charissa S. L. Cheah (PhD) is an Assistant Professor in the Department of Psychology, University of Maryland, Baltimore County. Her research interests are the contributions of child disposition, parental beliefs and practices, and peer relationships to children and adolescents' social emotional development. She also studies the multiple pathways in which socio-cultural factors contribute to development.

Department of Psychology, University of Maryland, Baltimore County, 1000 Hilltop Circle, Baltimore, MD 21250, USA

David M. Clark (DPhil) is Professor of Psychology, Institute of Psychiatry, London University, and a Fellow of the Academy of Medical Sciences. He has served as President of the International Association of Cognitive Psychotherapy and Chair of the British Association of Behavioural and Cognitive Psy-

chotherapies. Dr. Clark has extensive publications addressing theoretical formulations and treatment of anxiety disorders.

Department of Psychology, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF, UK

Meredith E. Coles (PhD) is an Assistant Professor in the Department of Psychology, Binghamton University. Her research interests are in the nature and treatment of anxiety in adults and children, particularly obsessive-compulsive disorder (OCD) and social phobia, the aetiology of OCD and the role of information-processing biases (e.g., memory, interpretation) in anxiety.

Department of Psychology, Binghamton University (SUNY), Binghamton, NY 13902-6000, USA

Trevor A. Hart (PhD) is an Assistant Professor in the Department of Psychology, York University, Toronto. His research is centred on anxiety and other psychological factors associated with physical health. He has been investigating three related lines of research: (1) the identification of risk factors for unprotected intercourse among adolescent and adult populations at high risk for HIV contraction or transmission; (2) improving health outcomes among people living with HIV; and (3) examining the associations between anxiety and health outcomes.

Department of Psychology, York University, 4700 Keele St, Toronto, ON M3J 1P3 Canada

Richard G. Heimberg (PhD) is Professor of Psychology and Director of the Adult Anxiety Clinic of Temple University. Dr. Heimberg is well known for his work in the development and evaluation of cognitive-behavioral treatments for social phobia. He has published more than 175 papers on various aspects of the diagnosis, assessment, and treatment of social phobia and the other anxiety disorders.

Social Phobia Program, Department of Psychology, Temple University, Weiss Hall, 1701 North 13th Street, Philadelphia, PA 19122-6085, USA

Sean D. Hood (MBBS MSc FRANZCP) is Senior Lecturer in Clinical Psychopharmacology in the School of Psychiatry and Clinical Neurosciences, The University of Western Australia. His major area of interest is the neurobiology of anxiety and mood disorders. Recent research interests include exploring serotonergic mechanisms in anxiety disorders using the dietary method of tryptophan depletion, dopaminergic challenge in social anxiety disorder, and noradrenergic provocation in a SPECT study of generalised anxiety disorder.

School of Psychiatry & Clinical Neurosciences (M521), The University of Western Australia, Queen Elizabeth II Medical Centre, Nedlands, Perth 6009, Australia

Rick E. Ingram (PhD) is a Professor of Psychology at the University of Kansas. He is currently the Editor of *Cognitive Therapy and Research*, and serves on the

Editorial Boards of the *Journal of Abnormal Psychology*, the *Journal of Consulting and Clinical Psychology*, and the *Journal of Social and Clinical Psychology*. He is co-author of *Cognitive Vulnerability to Depression*, and co-editor of the *Handbook of Psychological Change*. In 1990 he received the Distinguished Scientific Award of the American Psychological Association for Early Career Contributions to Psychology, and in 1987 he received the New Researcher Award, Association for the Advancement of Behavior Therapy.

Department of Psychology, 1415 Jayhawk Blvd, University of Kansas, Lawrence, KS 66045, USA

Michael Lewis (PhD) is University Distinguished Professor in the Institute for the Study of Child Development, Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey. He has published extensively on children's cognitive, social and emotional development, including self-consciousness, visual self-recognition, pride and shame. He is author of *Shame: The Exposed Self, Altering Fate: Why the Past does not Predict the Future*, *Social Cognition and the Acquisition of Self (with Brooks-Gunn)*, and co-editor (with Haviland) of *Handbook of Emotions*.

Institute for the Study of Child Development, Robert Wood Johnson Medical School, 97 Paterson Street, New Brunswick, NJ 08903, USA

Peter J. Marshall (PhD) is an Assistant Professor in Psychology at Temple University. His research interests are in developmental psychophysiology, with a focus on the biological correlates of approach and withdrawal tendencies in infants and young children.

Department of Psychology, Temple University, Philadelphia, PA 19122, USA

Larry J. Nelson (PhD) is an Assistant Professor of Marriage, Family, and Human Development in the School of Family Life at Brigham Young University. He received his PhD in 2000 from the University of Maryland, College Park. His major research interests are in social and self development during early childhood and emerging adulthood.

Department of Marriage, Family, and Human Development, Brigham Young University Provo, UT 8460, USA

David J. Nutt (DM, FRCP, FRCPsych, FMedSci) is Professor of Psychopharmacology and Head of the Department of Community Based Medicine at the University of Bristol. Professor Nutt is the editor of the *Journal of Psychopharmacology*, a Past-President of the British Association of Psychopharmacology and on the Council of the European College of Neuropsychopharmacology (ECNP).

Psychopharmacology Unit, University of Bristol, Dorothy Hodgkin Building, Whitson Street, Bristol BS1 3NY, UK

Cindy P. Polak is a doctoral student in human development at the University of Maryland, College Park. Her research focuses on the psychophysiological correlates of individual differences in temperament.

Institute for Child Study, University of Maryland, College Park, MD 20742, USA

Wiveka Ramel is currently a graduate student in the Doctoral Program in Clinical Psychology at San Diego State University and University of California San Diego. Under the guidance of Drs. John McQuaid and Rick Ingram, she is examining how cognitive variables in individuals with affective disorders change with cognitive-behavioral therapy and mindfulness-based stress-reduction treatment.

Department of Psychology, Doctoral Training Facility, San Diego State University, 6363 Alvarado Ct., #103, San Diego, CA 92120-4913, USA

Ronald M. Rapee (PhD) is currently Professor in the Department of Psychology, Macquarie University, Sydney, Australia. He has published extensively in the areas of child and adult anxiety and has written and edited several books.

Department of Psychology, Macquarie University, Sydney, 2109 Australia

Kenneth H. Rubin (PhD) is Professor of Human Development and Director, Center for Children, Relationships and Culture at the University of Maryland, College Park. His research is focused on social and emotional development and on the relations between parent-child and peer relationships. He is Past-President of the International Society for the Study of Behavioral Development and is an Associate Editor of *Child Development*.

Department of Human Development, 3304 Benjamin Building, University of Maryland College Park, MD 20742-1131, USA

Christine Scher (PhD) recently received her PhD in clinical psychology from San Diego State University and the University of California, San Diego. Dr. Scher's research interests focus on developmental vulnerability to anxiety and depression, particularly how attachment relationships differentially predict these forms of psychological distress.

Department of Psychology, Doctoral Training Facility, San Diego State University, 6363 Alvarado Ct., #103, San Diego, CA 92120-4913, USA

Louis A. Schmidt (PhD) is an Associate Professor of Psychology at McMaster University. He has published extensively on the biological origins and developmental outcomes of extreme fear and shyness in children and has recently co-edited *Extreme Fear, Shyness, and Social Phobia: Origins, Biological Mechanisms, and Clinical Outcomes* published by Oxford University Press.

Department of Psychology, McMaster University, Hamilton, Ontario, Canada L8S 4K1

Andrea L. Spooner is a doctoral student in applied developmental psychology at the University of Guelph. Her research interests lie in the areas of shyness and social anxiety in children.

Department of Psychology, University of Guelph, Guelph, Ontario, Canada N1G 2W1

Joan Stevenson-Hinde (ScD) obtained her doctorate from Brown University in 1964. Since then she has been pursuing research at Cambridge University within the Sub-Department of Animal Behaviour, where she is now a Senior Research Fellow. In addition, since 1966 she has been a Fellow of New Hall, where she is currently Vice-President, Tutor and Director of Studies in Psychology.

Sub-Department of Animal Behaviour, University of Cambridge, High St, Madingley, Cambridge CB3 8AA, UK

Lynne Sweeney (PhD) is a clinical psychologist whose research and clinical interests include the prevention and treatment of internalizing problems in young children and the epidemiology and treatment of chronic headaches in children and adolescents. Dr Sweeney maintains a private practice in Melbourne, Australia.

PO Box 842, Templestowe, VIC 3106, Australia

Thomas A. Widiger (PhD) is a Professor of Psychology at the University of Kentucky. He was a member of the DSM-IV Committee for personality disorders and has published extensively on the diagnosis, assessment, and conceptualization of personality disorders. He currently serves as Associate Editor of the *Journal of Abnormal Psychology* and the *Journal of Personality Disorders*.

Department of Psychology, 012-H Kastle Hall, University of Kentucky, Lexington, KY 40506-0044, USA

Preface

The Essential Handbook of Social Anxiety for Clinicians comprises a set of chapters written by distinguished researchers to give an account of what each regards as important in his or her specialist area. It aims to provide an account of the "state of the art" in the field of social anxiety. There is growing recognition among psychologists that problems of extreme shyness and social phobia are prevalent in the population, and recent years have seen a surge of research into these issues. The structure of the volume recognizes that social anxiety is a broad field encompassing the study of child development, the physiology of anxiety, the psychology of shyness and interpersonal relationships, and clinical approaches to the diagnosis and treatment of social phobia. Chapters provide critical, yet accessible reviews of what they take to be the key issues and practices in their fields. They also include novel ideas and original syntheses of research where these promise to be seminal in the field.

The volume is organized into two sections, concentrating respectively on the origins and development of social anxiety, and clinical interventions designed to reduce anxiety and enhance social functioning. The volume comprises a selection of revised chapters from the set of 23 chapters that formed the *International Handbook of Social Anxiety*, published by John Wiley & Sons in 2001. The selection has been made, within the constraints of overall word limits for this paperback edition, with the aim of providing a comprehensive review of research into social anxiety and the clinical condition of social phobia, examining its development, assessment, and treatment. It provides clinicians and others interested in clinical dimensions of social anxiety with an accessible, valuable source of material on theory, research and practice in the assessment and treatment of social phobia.

Excellent chapters had to be omitted from this volume and the *Handbook* is strongly recommended to readers who would wish to consult chapters on the development of shyness in early childhood and in the school years, the social psychology of shyness, embarrassment, and interpersonal relationships, and the Stanford program for helping individuals overcome their shyness.

We are grateful to Mike Coombs at Wiley for his advice at every stage in the development of the *Handbook* and to Jonathan Cheek for his help in the planning stages. We are grateful to Lesley Valerio, Gillian Leslie and their colleagues at the publishers for their help in the preparation of this revised volume. Ray Crozier thanks Sandra, John, and Beth Crozier for their support throughout the project and the Research Committee and School of Social Sciences at Cardiff University for granting a period of study leave to work on the book. Lynn Alden thanks Raymond and Sarah Andersen for their support throughout this project; a grant from the SSHRC facilitated Lynn Alden's work on the volume. We are grateful to John Crozier for help with the author index.

The diagnostic criteria for Avoidant Personality Disorder that are included in Chapter 10, Table 10.1, are reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Copyright 1994 American Psychiatric Association.

Figure 9.1 in Chapter 9 is adapted from Clark, D. M. and Wells, A. (1995) "A cognitive model of social phobia", in R. Heimberg, M. Liebowitz, D. A. Hope, & F. R. Schneier (Eds.), *Social Phobia: Diagnosis, Assessment and Treatment*, page 72.

Chapter 1

Constructs of Social Anxiety

W. Ray Crozier *and* **Lynn E. Alden**

This introductory chapter has three aims. First, it draws attention to the high prevalence rates of social anxiety in the general population and as a clinical condition. Second, it considers two frameworks in which explanations of prevalence can be located. Finally, it considers definitions of social anxiety. Questions of definition are always central to scientific investigation, and they are particularly important in a volume such as this, which draws together research carried out in different branches of a discipline, including developmental psychology, psychiatry and clinical psychology. Our goal of facilitating communication among these branches requires a shared vocabulary.

The Essential *Handbook of Social Anxiety for Clinicians.*
Edited by W. Ray Crozier and Lynn E. Alden.

THE PREVALENCE OF SOCIAL ANXIETY

As we write the introduction to this volume in the early years of a new millennium it is difficult to resist the temptation to reflect on the dramatic changes that have taken place in the human condition since the beginning of the previous millennium or even, indeed, the previous century. Without glossing over the poverty and hardship that still blight life in many countries, it is a truism that the world has been transformed since the year 1000. Advances in technology, in economic and financial systems, and in communications, education, sanitation, and awareness of the conditions that foster good health have, among other changes, brought about marked improvements in health, life expectancy, and the quality of life. Even in the past one hundred years there have been dramatic developments that impact on people's prosperity and well being. While many people in wealthy regions like North America or Western Europe still live in poverty, few experience the squalor and absolute deprivation that characterized life in the slums of the large cities at the end of the nineteenth century—for example, the London documented by Henry Mayhew, Charles Dickens, and others (Porter, 1996).

Although the general health of modern societies has improved alongside their growing prosperity (and indices of these are highly correlated) the incidence of problems of mental health is high. This is so despite considerable changes over the past century in society's attitudes to mental illness and an enormous amount of speculation, theory, and clinical research dedicated to identifying and classifying psychological problems, understanding their causes, and developing methods of treatment. In particular, there are high levels of anxiety about social interactions and interpersonal relationships. We can draw upon three strands of evidence to support this assertion.

Shyness is the concept in ordinary English language that captures many of the characteristics of social anxiety, as it is linked to notions of wariness, timidity, and psychological discomfort in interaction with other people. It is used to describe transient feelings ("I was suddenly overcome with shyness") and more stable individual characteristics ("I am basically a shy person"; "my life has been crippled by shyness"). Zimbardo and associates at Stanford University (see Pilkonis & Zimbardo, 1979; Henderson & Zimbardo, 2001) initially surveyed a sample of 817 high school and college students and asked them whether they considered themselves as shy and whether they regarded shyness as a problem. Over 40% of respondents characterized themselves as shy, and of those who thought of themselves as currently shy, 63% endorsed an item asking whether their shyness was a problem for them. Subsequent research has replicated these findings and has also shown that self-attributed shyness is common in all of the many countries that have been surveyed (Pines & Zimbardo, 1978). The incidence in these studies ranged from 24% among a sample of Jewish Americans to 60% among respondents in Hawaii and Japan. More recent surveys suggest that there has been a trend over several years for the incidence of self-attributed shyness to increase. The figure has apparently

risen in the USA from 40 to over 50% (Carducci & Zimbardo, 1997). The Stanford Survey also asks respondents whether they have ever been shy (now or in the past). A large majority of respondents endorse this item (a median value across studies of 84%) and there is little cross-cultural variation in these responses: the proportion of endorsements in different countries ranges from 66 to 92% of respondents—most young adults throughout the developed world have experienced shyness at one time or another.

Obviously there are problems in inferring from these data that rates of shyness are increasing. There is no information about the reliability of the single "yes–no" item or of the small set of shyness-related items comprising the Survey. In addition, tendencies to endorse the items will be influenced by growth in public awareness of shyness, a trend that becomes more likely as articles written by shyness researchers appear in popular magazines and it is covered in the media. Nevertheless, it is clear that a substantial number of people report that they are shy and that their shyness is undesirable and causes a problem for them.

A second strand is represented by a series of studies that were carried out within the framework of a behaviourist approach to the management of anxiety symptoms. In order to assess levels of anxiety and fears, self-report questionnaire measures have been constructed, for example, the Fear Survey Schedules devised by Lang and colleagues (Lang & Lazovik, 1963; Wolpe & Lang, 1964) and submitted to factor analysis. Two social fear factors emerge from these studies: one with highest loadings on items referring to fear of being with a member of the opposite sex or of speaking before a large group, and one loading on items referring to fear of criticism or of appearing foolish. Mean ratings on these social fears items are consistently high.

A third strand relates to epidemiological studies of social phobia. A clinical syndrome of social phobia has been recognized as a diagnostic category since its inclusion in the third edition of the *Diagnostic and Statistical Manual* (DSM-III) of the American Psychiatric Association published in 1980. This edition identified three types of phobias: agoraphobia, social phobia, and simple phobia. Social phobia was characterized as a persistent fear of situations where the individual might be subject to scrutiny by others and anticipates that his or her behaviour will lead to embarrassment or humiliation. This causes the individual a significant amount of distress because he or she recognizes that the fear is excessive.

Epidemiological surveys suggest that the incidence of social phobia in the general population is high. For example, Kessler et al. (1994) reported the findings of the National Comorbidity Study (NCS), a survey of a very large (over 8,000 respondents) national sample in the USA. Trained staff carried out structured interviews; the diagnostic interview included social phobia items that reflected the DSM-III-R criteria. The Survey reported a 12-month prevalence of 7.9% and a lifetime prevalence of 13.3%. These data imply that social phobia is the third most common psychiatric disorder in the United States, after major depression (17% lifetime prevalence) and alcohol dependence (14%). There is also evidence that social phobia is a "chronic and unremittent disorder" (DeWit, Ogborne, Offord, & MacDonald, 1999, p. 569). Their survey of retrospective

accounts of social phobia showed that the median length of illness was reported to be 25 years and in some cases lasted up to 45 years.

These investigations have been criticized by some commentators for overestimating the prevalence of these anxieties, for example, by their reliance on survey approaches rather than clinical records, and by effectively extending the definition of phobia to embrace everyday social anxieties (Cottle, 1999). Of course, this objection begs the question why social anxieties are "everyday" or why there are individual differences in self-reported anxiety such that some people claim to be much less confident and more fearful than others do.

Cross-cultural studies of social phobia also show high prevalence rates across different cultures. There seems to be a somewhat lower incidence in East Asian countries although this conclusion must be qualified by the methodological problems of this research (these issues are discussed by Ingram, Ramel, Chavira & Scher, *Chapter 11*).

THE SOCIAL CONTEXT OF SOCIAL ANXIETY

Despite possible limitations of each of these lines of evidence they do converge on a picture of widespread psychological discomfort in routine social situations. When these reactions are commonplace as opposed to idiosyncratic, they raise questions about the social conditions that foster them. That is, analysis of social anxiety might fruitfully begin, not with the reasons why particular individuals are anxious or shy, but with investigation of cultural influences on patterns of social interaction, intragroup behaviour and intergroup behaviour. What is the nature of a society that produces widespread social unease among its members? This is a question that Zimbardo, Pilkonis, and Norwood (1975) raised in the context of the Stanford Survey findings. They argued (p. 27) that "the problem of shyness is not essentially a personal problem. It is really a social problem. Certain kinds of social and cultural values lead people to imprison themselves within the egocentric predicament of shyness." They went on to speculate that, "Shyness in America . . . is a consequence of cultural norms that overemphasise competition, individual success, and personal responsibility for failure" (p. 27). A similar point is made by Burgess, Rubin, Cheah and Nelson (*Chapter 5*) who point to differences in the meaning of shyness between Western individualistic cultures and Eastern collectivist cultures. They write that "shyness and behavioral inhibition are positively evaluated in Chinese cultures because these behaviors are considered to reflect social maturity and understanding".

An alternative interpretation of social anxiety is that it is a response to threats to social status or reputation (Nesse, 1998). It is related to emotions of pride and shame, and to claims to entitlement to honour, dignity, and respect. These can be powerful motives for behaviour, as exemplified in the political slogan, "Death before dishonour". All societies have means for indicating social status, for example, through forms of appearance and dress or rules governing how one approaches and addresses an individual of high status. Social interactions are

constrained by unwritten but widely acknowledged rules and conventions, such as "etiquette", "manners", and "taste". Failure to recognize or comply with these forms and rules can lead to punishment or to internalized forms of punishment, notably feelings of shame or guilt. These feelings can constitute a potent means for bringing about social conformity by encouraging self-regulation of behaviour (Scheff, 1988). Nevertheless, there is cultural diversity in how status and reputation are marked. Sennett (1976) has argued that there has been a historical shift in Western societies away from rigid demarcation of status and infrequent interactions between individuals of different status to more fluid boundaries and increasing encounters. For example, rules for appropriate forms of dress for people of different status were once rigidly enforced; while such rules undoubtedly still exist they are now less strictly observed and there is greater tolerance for deviations from norms. The onus is now on individuals to assert their own identity rather than rely upon, say, their accent, uniform, or the design of a tie.

The Self-presentation Perspective

These notions were brought to the attention of social scientists through the seminal writings of Erving Goffman (1972). He paid particular attention to the role of embarrassment in the regulation of social encounters: "Goffmanian men and women are driven by the need to avoid embarrassment" (Schudson, 1984, p. 634). According to Goffman, embarrassment is closely linked with individual claims to identity in the eyes of others. As Silver, Sabini, and Parrott (1987, p. 48) summarize this position:

> Participants need a working consensus about each other's qualities (natures, selves, or characters will do just as well). This working consensus specifies which qualities are relevant to the interaction at hand. It includes the qualities that each actor can be expected to display (and be sanctioned for not displaying) and, therefore, the qualities that each interactant is entitled to treat others (and herself) as having.

Embarrassment ensues when at least one interactant perceives that the consensus cannot be sustained and this brings the interaction to a halt, leaving the participants uncertain what to do next. Typically this breakdown is brought about by a specific unforeseen event or when there is a sudden loss of poise. For example, a child discomfits his parents when they are visiting acquaintances by making a frank remark about their hostess's appearance or by spilling his orange juice over her new carpet. This approach can also accommodate individual differences. Social discomfort can ensue when an individual senses, rightly or wrongly, that he or she lacks the qualities necessary to sustain a social encounter. Goffman regards the routine social encounters of everyday life as a series of negotiations where the social identities of interactants are claimed, accepted, or challenged. These negotiations require that interactants should have certain com-

petencies and, perhaps of particular relevance to social anxiety, confidence in their competencies. Finding himself in the company of distinguished social anxiety scholars, a psychologist who lacks confidence in his own grasp of the subject may become tongue-tied and self-conscious. This represents the approach to shyness taken by Goffman (1972, p. 107):

> Various kinds of recurrent encounters in a given society may share the assumption that participants have attained certain moral, mental, and physiognomic standards. The person who falls short may everywhere find himself inadvertently trapped into making implicit identity-claims which he cannot fulfil . . . And, if he only imagines that he possesses a disqualifying attribute, his judgment of himself may be in error, but in the light of it, his withdrawal from contact is reasonable.

An individual's shyness might not be noticed by other interactants or it might be interpreted in other ways. Nor might it make much impact upon the social encounter, which may carry on without his or her active contribution. Nevertheless, there is evidence that an individual's shyness can and does influence other people's interpretations of his or her qualities and, in the longer term, it can be a significant factor in shaping social relationships.

The major legacy of Goffman's writings has been social psychological explorations of the notions of impression management and self-presentation. Theories of self-presentation have been applied to a range of psychological phenomena. Goffman's notion of *preventive practices* has given rise to theoretical analysis and empirical investigations of impression management strategies (Shepperd & Arkin, 1990). There are similarities between these strategies, the self-protective behaviours that characterize many social phobics (Alden, *Chapter 8*), and the "safety behaviours" adopted by the socially anxious (Clark, *Chapter 9*). Schlenker and Leary (1982) produced a highly influential theory of social anxiety, which conceptualizes it as the motivation to create a desired impression in others combined with a lack of confidence in the ability to do so. This theory has been applied to shyness, embarrassment, blushing, and social phobia.

Goffman's account of embarrassment has been criticized on a number of grounds, for example, that it describes social relationships as they are located within a particular, capitalist social order, or that it overemphasizes the significance of embarrassment. After all, many people often seem oblivious to the impression that they are creating in others and most interactions proceed without any breakdown in consensus (Schudson, 1984). Nevertheless, embarrassment, shyness and other forms of social discomfort do seem to be universal. For example, although research based on the Stanford Survey identified a significant degree of cultural variation in the incidence of self-attributed shyness, this was found to characterize a sizeable proportion of respondents in all the countries sampled. An alternative approach to social anxiety focuses on this universality and positions individual concerns with status and reputation within a biological perspective.

The Evolutionary Perspective

Evolutionary psychology has provided analyses for a range of human behaviours. It takes as central to its approach the adaptive significance of behaviour. This is not adaptation in the more common sense in psychological theory, in terms of the individual's adjustment to his or her environment, including the social environment. Adaptation is defined "as traits shaped by natural selection that serve functions that increase net reproductive success" (Nesse, 1998, p. 398). Analysis of social anxiety begins with recognition that the human is a social species, evolved, like many other such species, to live in hierarchically organized groups. Belonging to the group is adaptive in the sense outlined above, whereas social exclusion is maladaptive and makes it less likely that the individual will survive and pass on its genes. Hierarchical organisation is an effective arrangement of social life, facilitating group living while minimizing intragroup competition for mates and resources and its contingent aggression. Fear (and anxiety) has evolved because it is adaptive in a number of important ways, for example in anticipating danger and facilitating avoidance and escape. Nesse (1998) argues that although anxiety is typically thought of as maladaptive, in the sense that for the individual it is a painful experience and can be disruptive, restrictive, and overwhelming, its important feature—and the reason that it has not become extinct over time—is its adaptive significance for reproductive success.

Gilbert and associates (Gilbert & McGuire, 1998; Gilbert & Trower, 1990; see Gilbert & Trower, 2001) have pioneered the application of an evolutionary perspective to social anxiety. Their approach is based on analysis of different forms of group living in the service of reproductive success. Humans, like members of other group-living species, compete with one another for resources and seek to appear attractive to conspecifics, sexually or otherwise. The approach draws upon the thesis (Chance, 1988) that the organisation of living in groups can be classified into two forms. The agonic (threat based) mode is characterized by dominance hierarchies of power and rank. The hedonic (affiliation based) mode is characterized by mutual dependence and reciprocal relationships. Group members have developed appraisal systems that enable them to be alert to social threats of attack, exclusion, rejection, and loss of status, and have also developed competencies for selecting appropriate responses. Anxiety relates to these appraisals and responses. It can arise from the inappropriate activation of the defensive system that is responsive to threat to social status, for example, the individual tends to treat social interactions as potentially threatening. It can result from a failure to recruit the safety system which permits the individual to feel safe in the presence of others, or from fear of appearing unattractive to others.

The model offers an account of the universality of social anxiety and tries to show why social situations are threatening even when they involve little risk of physical danger. It provides an explanation of its pervasiveness, where individuals experience anxiety even though "objectively" they know that it is uncalled for or they try without success to control it. It also gives insight into specific charac-

teristics of social anxiety. For example, lowering the eyes and gaze aversion is a typical response in shyness, embarrassment, and shame (Reddy, 2001). This is frequently interpreted as a social gesture, intended to signal submissiveness or appeasement (Keltner, 1995). It is sometimes construed in terms of shutting out information. For example, Barrett (1995, p. 41) writes that, in addition to communicating submission or deference, gaze aversion, along with lowering the head and hiding the face, serves to "distance" the ashamed individual from important others, and removes the face from their evaluation. This is similar to the interpretation offered within an evolutionary framework by Dixon (1998) who argues that "cut-off" acts and postures are used by animals when their escape from the threatening situation is blocked and they reduce the visual information emanating from the source of threat. This interpretation draws attention to a function of gaze aversion that could be explored in social anxiety research; it can assist in the self-regulation of arousal and gives the organism some "space" in which to seek an alternative strategy.

Explanations of social anxiety in terms of evolutionary psychology or the social psychology of impression management agree in asserting that anxiety is an inherent feature of social life. Although the aversive quality of the experience is more usually the focus of attention, it is salutary to recognize that anxiety serves useful functions. It helps to regulate social life while minimizing the risks of aggression or an irreparable breakdown in the group's activity. It is also functional at the individual level in helping the individual to acquire self-knowledge, in enhancing awareness of standards for behaviour, and in encouraging processes of self-regulation. Nevertheless, there are individual differences in propensity to anxiety and, for many people, this comes to dominate and restrict their social encounters and relationships—shyness is often described as "crippling" or a "handicap". Much of this volume is directly concerned with this individual variation.

MATTERS OF DEFINITION

Thus far we have been shy of offering a formal definition of social anxiety, but we hope that our use of the term anxiety has been uncontroversial since it corresponds to usage in both the lay and the psychological vocabulary, for example, as defined by *The Penguin Dictionary of Psychology*, "A vague, unpleasant emotional state with qualities of apprehension, dread, distress and uneasiness". Leary (1983, p. 15) has offered a formal definition of anxiety as: "a cognitive-affective syndrome that is characterized by physiological arousal (indicative of sympathetic nervous system arousal) and apprehension or dread regarding an impending, potentially negative outcome that the person believes he or she is unable to avert". By social anxiety, we mean that this anxiety is triggered by the prospect or reality of certain kinds of social situations, as opposed to anxiety associated with, say, insects, heights, enclosed spaces, blood, death, and so on. Empirical research can identify the range of social situations that tend to

elicit anxiety (meeting new people, going on a date, public speaking, answering the telephone, etc.) while clinical case studies can identify the specific kinds of situations that trouble individuals.

So far we have treated shyness in its everyday usage as a word that refers to apprehension and uneasiness about social situations while recognizing that it has further connotations of timidity and wariness. It would be a task for sociolinguistic analysis to tease out these connotations. However, some psychologists have also used the term in a technical sense, as a label for a specific emotional state or as a summary of a trait that is called upon to help explain social difficulties. This inevitably raises questions about the relations among the various constructs in this field: shyness, social anxiety, and social phobia. Furthermore, there are questions about the relations between these and constructs that have been developed in studies of children, particularly social withdrawal (Rubin, Burgess, Kennedy, & Stewart, 2003; also Burgess, Rubin, Cheah, & Nelson, *Chapter 5*) and behavioural inhibition, (see Marshall & Stevenson-Hinde, *Chapter 3*). These issues are particularly important for this volume, which aims to bring together research into the origins and development of social anxiety and research from clinical perspectives. This research is often published in separate scholarly journals, and it is essential to establish connections among these. Our approach to these problems of definition is based on two assumptions. The first is that it is useful in research into anxiety to distinguish between a state and a trait. The second is that it is important to consider that experiences like shyness and anxiety are complex, that they can be construed as having cognitive, somatic, and behavioural dimensions, and are not reducible to only one of these dimensions.

State Anxiety

The greatest confusion in terminology seems to occur at the state level. Psychologists have investigated a number of emotions that are distinguished in everyday vocabulary, particularly shame, guilt, embarrassment, shyness, and anxiety. Some, for example, Buss (1980), have defined these as different forms of social anxiety, but this has proved problematic, and it is not obvious that they are all anxiety states. Others have argued that they constitute distinct emotions: for example, Miller (1996) argues that embarrassment meets all the accepted criteria for identification as a basic emotion in its own right; it has quick onset, brief duration, involuntary, relatively automatic appraisal process, universal antecedent events, distinctive physiological responses, distinctive emotional display, and is found in other species. (See Lewis, *Chapter 4*, and Miller, 2001, for discussion of shyness and embarrassment.) Whether or not it is a distinct emotion, embarrassment shares with shyness, shame, and guilt at least one component—namely, self-consciousness; indeed, these have been labelled as the "self-conscious emotions" (Tangney & Fischer, 1995). Self-focused attention is also a characteristic of anxiety; for example, there has been considerable research in the

test anxiety literature into the detrimental effects of self-preoccupation upon task performance (Sarason, Pierce, & Sarason, 1996).

Buss (1980) argued that self-attention was the essential element shared by different forms of social anxiety and subsequent research has established its key role in shyness, shame, embarrassment, blushing, social phobia, and negative affect more generally (Mor & Winquist, 2002). For example, shy individuals spend more time in self-focus during a social encounter than the less shy (Melchior & Cheek, 1990). Improvements in social phobia following cognitive behaviour therapy are associated with reductions in self-focused attention (Woody, Chambless, & Glass, 1997). The self, and self-consciousness in particular, plays a key role in current conceptualizations of social anxiety and is addressed throughout this volume (for example: Lewis, *Chapter 4*; Ingram, Ramel, Chavira, & Scher, *Chapter 11*; Clark, *Chapter 9*; Coles, Hart & Heimberg, *Chapter 12*).

These states reflect the individual's concern with threats to his or her reputation or standing in the eyes of others, and self-consciousness may be a key element because it forms part of the appraisal process whereby the individual monitors how his or her conduct appears to others. Leary and Downs (1995) have postulated an executive process, the *sociometer*, which is credited with such an appraisal function, although they also consider that it can operate outside conscious awareness. Clark (*Chapter 9*) also refers to the detailed self-monitoring that is triggered when the anxious individual senses that he or she is in danger of being negatively evaluated by others. Anxiety also makes individuals alert to cues of threat from the environment. Coles et al. (*Chapter 12*) discuss this in terms of hypervigilance for social threats and cues about potentially negative social outcomes. Clark (*Chapter 9*) reviews evidence on biases in processing social cues (see also Baldwin & Fergusson, 2001).

At our current level of understanding it may be more fruitful to consider these states as sharing a family resemblance rather than claiming that they are discrete emotions or that they share a single underlying factor like "social anxiety".

There are circumstances in which experiences are more likely to be labelled in one way than in another. To consider one example, Jane is *anxious* while she is waiting to go on stage in a musical produced by her university drama group. Unfortunately, when she performs her first number, her singing is off key and below the standards of everyone else. Jane might feel *embarrassed* about her performance, attributing it to first night nerves or to the discomfort of the stage lighting and her costume. She might feel *ashamed* of herself for having let everyone down or *guilty* at having taken a part that could have been played by a better singer. She might feel *shy* at the prospect of talking about the show afterwards with the other cast members or with her friends in the audience. Members of the audience could be *embarrassed* for her, empathizing with her predicament, but they could also be *embarrassed* by her performance, unsure how to react. They could be *ashamed* of her, for letting down the university, *guilty* for giving her the part, and so on. They could feel any of these even if Jane is blissfully unaware of how her performance is being received. It is an important goal of research to tease out the various experiences that can occur in social situations like

these. This example suggests that the context in which emotions are elicited is an important consideration in deciding which member of a family of emotions is experienced.

Differences among states are not simply a matter of labelling. There is variation in physiological concomitants; for example, blushing is elicited in some circumstances but not in others (Edelmann, 2001; Crozier, 2004). Some experiences are recurrent, they evoke intense reactions or are difficult for the individual to assimilate to their self-image and cause her problems or predispose her to seek professional help. For example, most people blush, for many this occurs frequently or with intense colour, and some find their fear of blushing so unbearable that they are prepared to undergo irreversible surgery (Drott, Claes, & Rex, 2002). All of these states fall within the domain of social anxiety, since they are all instances of uneasiness and discomfort produced by social situations, even though it is a question for research whether they are indeed forms of anxiety.

Trait Anxiety

The primary problem at the trait level concerns the comparative meaning of a number of related constructs, specifically shyness, behavioural inhibition, withdrawn behaviour, social anxiety, and social phobia. There are important distinctions to be drawn. First, social phobia is not a type of temperament or a personality trait but is a category within a diagnostic classification scheme—in most research into social anxiety, the various editions of the DSM. Whether or not an individual is assigned to this category is, in part, a function of factors that influence his or her decision to seek help (hypothetically, the same level of anxiety can lead one person but not another to seek professional help) or determine access to clinicians who recognize the condition (some physicians may decide the individual is suffering from generalized anxiety or from a condition that is comorbid with social phobia, such as depression or alcohol abuse). It is possible that specific temperaments (behavioural inhibition) or traits (shyness, social anxiety, extraversion or neuroticism, see Widiger, *Chapter 10*) predispose people either to develop extreme fears or to seek help for their problems, but this is a matter for research to establish. Any scheme and its categories evolve as understanding of social anxiety develops. Thus, the defining criteria for social phobia have changed with successive editions of the DSM. DSM-IV introduced a distinction between social phobia and avoidant personality disorder. This distinction may stand the test of time or it may be redrawn in the light of accumulating evidence (see Widiger, *Chapter 10*; also Rettew, 2000). Research suggests that distinctions can also be made among generalized social phobia, where a range of situations produce anxiety, non-generalized social phobia, where anxiety is restricted to a small number of types of situations, and phobia about public speaking (e.g., Westenberg, 1998).

Turner et al. (1990) provided a summary of similarities and differences between shyness and social phobia. These share several features: negative cogni-

tions in social situations; heightened physiological reactivity; a tendency to avoid social situations; and deficits in social skills. Negative cognitions include fear of negative evaluation, self-consciousness, devaluation of social skills, self-deprecating thoughts, and self-blaming attributions for social difficulties. Social phobia is distinct from shyness in that it has a lower prevalence in the population, follows a more chronic course, has more pervasive functional impairment, and a later age of onset. There are problems with these kinds of comparisons. It is not clear in what sense "shyness" is being used, whether as a lay term (e.g. drawing upon findings from the Stanford Survey) or as tied to personality measures, and the sense in which it is used will affect, for example, estimates of the prevalence of shyness. Different kinds of information are used to assess the characteristics of social phobia; for example, interview data are used for prevalence rates whereas clinical evidence is the source for inferences about its chronic and unremitting nature. Nevertheless, it seems reasonable to conclude that individuals who present with the problems that attract a diagnosis of social phobia share many characteristics with individuals who describe themselves as shy and report their shyness as a serious problem. It may be that the differences between them are quantitative rather than qualitative. For example, there are parallel sets of findings between clinical samples of social phobics and samples of students obtaining high scores on measures of shyness or social anxiety (see Clark, *Chapter 9*, for examples of this research).

One hypothesis about the relationship between shyness and social phobia is that they are located at different places along a continuum of intensity of social anxiety. McNeil (2001) proposed that shyness spans a range from normal to pathological levels while at the extreme anxious end of the dimension are found nongeneralized anxiety, generalized social anxiety and, finally, avoidant personality disorder. Thus, the differences between shyness and the anxiety disorders are quantitative rather than qualitative. There have been attempts to test this model with non-clinical samples, taking the Revised Cheek and Buss scale (Cheek, 1983) as a measure of shyness and the Composite International Diagnostic Interview (World Health Organization, 1997) as the measure of social phobia, either based on an interview (Chavira, Stein, & Malcarne, 2002) or self-administered (Heiser, Turner, & Beidel, 2003). Both studies identified overlap between shyness and social phobia. For example, Chavira et al. (2002) found that 50% of those participants with high scores (above the 90th percentile) on the shyness measure obtained a social phobia diagnosis, 36% a generalized social phobia diagnosis, and 14% a diagnosis of avoidant personality disorder. Both studies found that those with high shyness scores were more likely to obtain a diagnosis of anxiety disorder than were those with less extreme shyness scores. Nevertheless, in each study, substantial numbers of extremely shy participants did not attract a diagnosis of anxiety disorder and there was overlap in shyness scores between those with and those without a diagnosis, thus providing at best only partial support for a continuum model. Shy participants with social phobia differed from those without social phobia in several respects. They were more likely to report that their social anxiety impeded functioning in social life and in work