2019

# Social anxiety and paranoia: A mixed-methods investigation

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http://hdl.handle.net/10026.1/14798

# UNIVERSITY OF PLYMOUTH

## SOCIAL ANXIETY AND PARANOIA
## A MIXED-METHODS INVESTIGATION

by

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A thesis submitted to the University of Plymouth
in partial fulfilment for the degree of

## DOCTOR OF PHILOSOPHY

School of Psychology

**November 2018**

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# ACKNOWLEDGEMENTS

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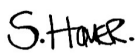
### Related publications:

**Homer**, S. R., Deeprose, C., & Andrade, J. (2016). Negative mental imagery in public speaking anxiety: Forming cognitive resistance by taxing visuospatial working memory. *Journal of Behavior Therapy and Experimental Psychiatry*, *50*, 77-82.

**Homer**, S. R., & Deeprose, C. (2017). Voluntary and involuntary imagery in social anxiety. *Behavioural and Cognitive Psychotherapy*, *45*(3), 285-299.

**Homer**, S. R., & Deeprose, C. (2018). Eye movement attenuation of intrusive social anxiety imagery: A pilot study. *Journal of Behavior Therapy and Experimental Psychiatry, 59*, 87-91.

### Presentations at conferences:

**Homer**, S. R. (2018, July). *A mixed-methods approach to understanding and treating intrusive mental imagery.* Oral presentation delivered at the British Association for Behavioural and Cognitive Psychotherapies Conference, University of Strathclyde.

**Homer**, S. R. (2018, June). *Social Anxiety or Paranoia?* Poster presented at the Cognition Institute Conference, University of Plymouth.

**Homer**, S. R. (2017, June). *Intrusive mental imagery in social anxiety.* Poster presented at the 9th Annual School of Psychology Conference, University of Plymouth.

**Homer**, S. R. (2017, April). *Intrusive mental imagery in social anxiety: a mixed-methods approach to understanding and treatment.* Poster presented at the 'Of mice and mental health: facilitating dialogue between basic and clinical neuroscientists' conference, The Royal Society, London.

**Homer**, S. R. (2016, July). *Negative mental imagery in social anxiety.* Poster presented at the Cognition Institute Conference, Plymouth University.

**Word count of main body of thesis: 56,446**

Signed: …S.Homer.……………..

Date: …19.10.2018……...

# Social Anxiety and Paranoia

## A Mixed-Methods Investigation

Sophie R. Homer

**ABSTRACT**

Social anxiety is highly prevalent and highly debilitating. It is detrimental to educational and occupational progression as well as quality of life for up to 12% of the population. Current research, treatment, and diagnostic criteria maintain that the cause of anxiety in social situations is self-focused fear, usually of personal inadequacy, but social situations invariably involve both the self *and* other people. This thesis draws upon the paranoia literature to inform arguments about the role of negative perceptions of others in social anxiety.

I propound a novel theoretical model of the core fears underlying social anxiety. I argue that anxiety in social situations can result from fears surrounding the nature and intentions of others as well as self-focused fears. The model yields several testable predictions which were investigated using a mixed-methods approach. I present an in-depth qualitative exploration of perceptions of self and others in eleven socially anxious individuals with varying levels of paranoia. I describe two experimental tests of the causal relationships between negative perceptions of self and others and social anxiety in a total of 229 participants. I also validate three new psychometric measures in a sample of 622, including socially anxious and healthy subsamples. The results of these studies support the main predictions of the theoretical model. Fears surrounding both self and others cause anxiety and social anxiety, and these core fears are strongly correlated with one another. These findings imply that the role of perceptions of others has been underestimated in previous social anxiety research and treatment. Theoretical advancements could improve diagnosis and treatment and generate new research questions. Primarily, further investigation should focus on the causal relationships between these core fears. The new psychometric tools presented here enable measurement of each. They will facilitate research and could also improve formulation and assessment in clinical practice.

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**PREFACE**

As an undergraduate student, I became interested in the cognitive mechanisms underlying psychopathology. I was particularly interested in anxiety, but naïvely assumed I would struggle to find students who experience it to take part in my dissertation research project. I decided it would be easy to find students who were anxious of public speaking in particular, and focused my dissertation work around reducing public speaking anxiety using a cognitive intervention. What captured my interest during this time was that my participants' experiences of quite severe anxiety were not limited to speaking in public. It struck when they walked into a lecture theatre and passed others already sitting down. It encroached upon time spent with friends and prevented them from making new ones. It even caused them to avoid certain situations entirely, to the detriment of their professional and social lives.

My interest in social anxiety more generally grew from here. Humans are social creatures. Our daily lives revolve around social interaction. For many of us, happiness means personal fulfilment and people around us with whom we can share it. But we cannot forge meaningful relationships with others without meeting them for the first time. Often, we cannot build a successful career without being interviewed by strangers, presenting work to roomfuls of expectant faces, or making a good impression on our superiors. How difficult it must be, then, to fear these situations to such a degree that they must be endured with constant distress. How frustrating, to miss out on experiences and opportunities for fear of being afraid. How frightening, to consider the impact this could have on one's future.

This newfound awareness of the prevalence and gravity of social anxiety inspired me to study it directly during my master's degree. It was no challenge (sadly) to find participants who experienced significant levels of social anxiety. This time, I investigated whether the same cognitive intervention that had reduced public speaking anxiety (Homer, Deeprose & Andrade, 2016) would alleviate social anxiety (Homer & Deeprose, 2018). I planned to continue this line of research during my PhD by developing, testing, and refining these techniques. It was while reviewing some of my previous qualitative work (Homer & Deeprose, 2017) that I became fascinated in the theoretical underpinnings of social anxiety. What really causes us to be anxious around others? Is just about how we feel about ourselves, or could it also be something to do with how we feel about others? It is understood that social anxiety is self-focused, arising from perceptions of personal inadequacy or social incompetence. However, my participants described fears of being treated unfairly, rejected, ridiculed, or judged negatively by others. The importance they placed on those around them caused me to question whether the role of perceptions of other people had been underestimated in previous social anxiety research and treatment. Inherently, paranoia is the fear of malicious or untrustworthy others and their intentions towards oneself. I discovered that social anxiety and paranoia were reliably correlated but no one knew quite why. If social anxiety can result from fears of other people, I realised, this could explain the association between social anxiety and paranoia, and I could draw upon the paranoia literature to inform my investigation.

My PhD took a completely new direction, moving away from applied research entirely. Reading the social anxiety and paranoia literatures revealed a lack of any theoretical framework through which the role of others in social anxiety could be

understood. This seemed to me to be the next step. The foundation of this theory

presented itself to me almost immediately: surely anxiety in social situations could be

caused by fears of personal inadequacy *or* fears of the malicious intentions of

others? Or both? Through reading, reasoning, working, and reworking, these ideas

slowly grew from a few words scribbled on a whiteboard to the theoretical model

presented in Chapter One. This thesis presents a novel theory of the core fears

underlying social anxiety and tests its main predictions.

**OVERVIEW OF THESIS**

In Chapter One I introduce the concept of social anxiety, outline existing cognitive models and summarise current theoretical understanding. I draw upon the paranoia literature to explore the role of negative views of other people in relation to anxiety in social situations. Integrated with a review of key literatures, I then present a theoretical model of the core fears underlying social anxiety. The model puts forward novel hypotheses about mechanisms, causal pathways, and treatment targets. I discuss the potential implications of the model for research and clinical practice. In Chapter Two, I introduce the methodologies and comment on the samples used to investigate the model's predictions. Chapter Three consists of an in-depth qualitative exploration of the experiences of socially anxious individuals with regards to their thoughts, feelings, and perceptions of self and others. Chapter Four includes two experimental investigations into the first and main prediction of the theoretical model. In Chapter Five I develop and validate new psychometric measures in order to test its second prediction. Chapter Six is a summary of my work, an evaluation of the model in light of my findings, a general discussion of its implications, and an overall conclusion. I developed the theory proposed in Chapter One before analysing any of the data presented in the rest of the thesis and did not go back and adapt it based on my findings. It was meant as more of a question than an answer, designed to be refined and updated in light of future research. Accordingly, Chapter Six is a reflection on which parts of the model are supported by my findings, and which areas of uncertainty remain for further investigation.

# CHAPTER ONE

## Social Anxiety:
## A Novel Theoretical Model

*Another, through bashfulness, suspicion, and timorousness will not be seen abroad; loves darkness as life, and cannot endure the light, or to sit in lightsome places; his hat still in his eyes, he will neither see, nor be seen by his good will. He dare not come in company, for fear he should be misused, disgraced, over-shoot himself in gesture or speeches, or be sick; he thinks every man observes him, aims at him, derides him, owes him malice.*

– Hippocrates

### Social Anxiety

Though social anxiety is often regarded as a relatively new phenomenon, the idea of pathological shyness was documented by Hippocrates in 400 B.C. Interest in 'social neurosis' increased gradually throughout the 19th and early-mid 20th centuries (e.g. Schilder, 1938), but it was neglected in early psychology. It did not appear in the American Psychiatric Association (APA)'s Diagnostic and Statistical Manual (DSM) until its third revision in 1980 (APA, 1980). This initial definition was narrow, concerning fears of performance situations but not of less formal social interactions or of social situations more generally. The disorder was largely neglected by researchers until the mid 1980s. In 1994, its definition was broadened and 'social phobia' replaced with 'social anxiety disorder' to better reflect its pervasive and generalised nature (APA, 1994). In the most recent edition of the DSM, social anxiety disorder is described as an intense, unreasonable, and debilitating fear of humiliation, caused by embarrassing behaviours or anxiety symptoms, in the presence of other people (APA, 2013). This fear of social situations and interacting

with others is detrimental to educational success, career progression, and general quality of life for up to 12% of the population (Kessler et al., 2005; NICE, 2013). However, even if they do not reach diagnostic thresholds, many individuals experience sub-clinical but significant and debilitating distress in social settings (e.g. Davidson, Hughes, George, & Blazer, 1994; Hazen & Stein, 1995; Homer & Deeprose, 2017; Knappe, Beesdo, Fehm, Lieb, & Wittchen, 2009).

The first major model of social anxiety put forward by Clark and Wells (1995) proposes that social anxiety results from a sense of danger surrounding social settings. Specifically, individuals feel they are in danger of making an unfavourable impression on others, and that this unfavourable impression will negatively affect their social standing and lead to rejection. This fear causes physiological anxiety symptoms in social situations which, due to scrupulous self-monitoring, are over-estimated. Together, these symptoms inform a negative self-concept which the individual believes to be an accurate representation of how they are seen by others. In turn, fear is reinforced and anxiety increases, completing the vicious cycle.

This negative self-representation is central to the cognitive model presented by Rapee and Heimberg (1997), who argue that socially anxious individuals' attentional resources are consumed by imagining how they appear to others. The self-representation is fed further by the experience of anxiety symptoms and perceived evidence of being negatively evaluated by others. Dissonance between the perceived self and the overestimated social standards of others increases fear of negative evaluation and reinforces cognitive, behavioural, and physical anxiety symptoms. An update to this model (Heimberg, Brozovich, & Rapee, 2010) includes fear of positive evaluation. This fear involves individuals becoming anxious that they will no longer meet the standards they set for themselves following positive

evaluation from others (Weeks, Heimberg, & Rodebaugh, 2008). The updated model includes the prevalence of emotion suppression. Socially anxious individuals suppress their emotions in order to avoid negative reactions from others.

Comparably, Hofmann (2007) frames social anxiety as the result of a negative self-concept, perceptions of poor social skills and little emotional control, and overestimated consequences of inappropriate behaviour. Individuals attend towards themselves during social situations and engage in avoidance or safety behaviours to alleviate anxiety. They then ruminate upon their social experiences, which fuels anticipatory anxiety of future experiences and heightens self-focused attention.

These models have received considerable research support. For example, socially anxious individuals show biases towards negative judgements of themselves and social situations (e.g. Rapee and Lim, 1992; Stopa & Clake, 1993; Alden & Wallace, 1995), increased self-focused attention (e.g. Woody, 1996; Vriends, Meral, Bargas-Avila, Stadler, & Bögels, 2017; Zou, Hudson, & Rapee, 2007; but see Bögels & Mansell, 2004), overestimated consequences of negative social interactions (Foa, Franklin, Perry, and Herbert, 1996), and increased memory of negative self-related information during social situations (Mellings & Alden, 2000). The combined cognitive biases hypothesis holds that biases towards negative interpretation and negative self-imagery are reciprocal and interdependent (Hirsch, Clark, & Mathews, 2006). For example, interpretation biases mean that social situations are experienced as having been worse than they actually were. These negative experiences contribute to negative self-imagery, which, when experienced in social situations, increases the likelihood that the situation will be interpreted negatively. Together, these biases contribute to post-event processing (Heimberg et al., 2010),

and have a greater influence on anxiety than either one in isolation (Hirsch et al., 2006).

Though negative self-concepts are associated with social anxiety in this way, negative views of self in social anxiety are not always stable and global. It is possible that individuals may see themselves in a more positive way while concurrently fearing negative evaluation from others. For example, a socially anxious individual may believe that, 'I feel as smart as others' (State Self-Esteem Scale; Heatherton and Polivy, 1991) as well as, 'I am afraid that people will find fault with me' (Brief Fear of Negative Evaluation Scale; Leary, 1983). Therefore, there may be a complex and nuanced relationship between social anxiety, self-esteem, and the self-concept. As proposed by Hulme, Hirsch, and Stopa (2012), the dynamic nature of self can be conceptualised through the Self-Memory-System (Conway & Pleydell-Pearce, 2000). According to the model, individuals have both a long-term self and a working self. The long-term self is more stable and comprises beliefs, autobiographical knowledge and episodic memories, while the working self is dynamic and adapts to situational cues. Therefore, negative views of self may be dynamic and situation-specific within the working self, and more positive self-information may coexist with fear of negative evaluation within and across these systems. An example of this could be interview anxiety. An individual who is confident in their abilities, and whose long-term self and working self in most contexts is positive, may still fear negative evaluation during a job interview.

**Mental Imagery**

The contents of the working self can be experienced as dynamic mental imagery (Conway & Pleydell-Pearce, 2000). Mental images are perceptions or representations in the mind, in the absence of the external stimuli they represent. They can be visual, auditory, somatic, tactile, olfactory, gustatory, or multimodal. They are intrusive if they occur spontaneously and involuntarily. Negative, recurrent, and intrusive mental imagery of the self is hypothesised to play a key role in the maintenance of social anxiety. Clark and Wells (1995) proposed that socially anxious individuals' negative self-concepts manifest as images of the self in a negative light, as if seen through the eyes of someone else. They suggest that individuals use these images to infer how they are seen by others in social situations, and that in this way, imagery perpetuates the cycle and maintains anxiety. Moreover, Heimberg et al.'s (2010) updates to their earlier model (Rapee & Heimberg, 1997) emphasise the role of mental imagery in maintaining a negative representation of self. They propose that negative mental images of the self occur before, during, and after social situations, and contribute to post-event processing.

Early studies confirmed the prevalence of intrusive, observer-perspective self-imagery in social anxiety, with up to 100% of socially anxious samples reporting intrusions (Hackmann et al., 2000). Experimental studies have since confirmed that visualising such imagery increases anxiety, negatively affects social performance, decreases self-esteem, and lowers resilience to social threat in non-clinical, sub-clinical, and clinical samples (e.g. Hirsch, Clark, Mathews, & Williams, 2003; Hirsch, Meynen, & Clark, 2004; Hirsch, Mathews, Clark, Williams, & Morrison, 2006; Hulme, Hirsch & Stopa, 2012). To date, there is a body of research supporting the key role

of mental imagery in social anxiety (see Ng, Abbott, & Hunt, 2014, for a review, and Chapter Three for further discussion of mental imagery).

## Perceptions of Others in Social Anxiety

Social situations would not be social without the presence of others. Arguably, perceptions of others are equally important as self-perceptions in evaluating social experiences. Despite this, research and theory typically focus on socially anxious individuals' perceptions of their selves and their own social performance. All three major models emphasise the importance of others' evaluations of the self (i.e. in that individuals are concerned about the impressions they make on others) (Clark & Wells, 1995; Rapee & Heimberg, 1997; Hofmann, 2007). However, the primary focus here is how the socially anxious individual will be perceived by others, rather than how the individual perceives others. The models by Rapee and Heimberg (1997) and Hofmann (2007) go so far as to say that socially anxious individuals perceive others as inherently critical, and likely to perceive them in a negative way. However, the potential for socially anxious individuals to view others as intrinsically malicious, in such a way that could contribute to or cause their anxiety, is underexplored. This thesis focuses on social anxiety but draws upon the paranoia literature to explore how negative views of other people contribute to social anxiety.

## Paranoia

Paranoia refers to mistrust or suspicion of others, and to negative beliefs about their thoughts and intentions. At a clinical level, paranoia can occur during psychotic episodes in schizophrenia, bipolar disorder, or depression (APA, 2013).

Cognitive models of persecutory delusions hold that arousal resulting from a stressful event drives a search for meaning which, alongside negative cognitions, negative affect, and cognitive biases, leads the individual to the belief that he or she is under threat. This threat belief is central to paranoia, causing depression, anxiety, and delusional distress (Freeman, Garety, Kuipers, Fowler, & Bebbington, 2002). Occurring independently of psychosis, clinical paranoia is diagnosed as paranoid personality disorder (PPD). PPD is characterised by unfounded and unreasonable suspicions of the behaviour, thoughts, and intentions of others; a tendency to misinterpret benign behaviours as threatening; and social withdrawal or aggression (APA, 2013). Though paranoia is associated with other symptoms of psychosis such as grandiosity, hallucinations, and disordered thinking, factor and latent class analyses of large-scale general-population surveys show that paranoia can, and should, be considered as a separate dimension (Bebbington et al., 2013).

A number of processes have been attributed to the development and maintenance of paranoia. The relative contributions of these processes are likely to vary depending on individual differences as well as the nature of the paranoia itself (Carroll, 2009). Paranoia has been associated with attentional, attributional, reasoning, and interpretation biases. Individuals experiencing paranoia are more likely to notice and remember perceived threat (Combs & Penn, 2004, Garety,1999). They tend to interpret ambiguous or neutral information more negatively (Savulich, Freeman, Shergill, & Yiend, 2015). They may also jump to conclusions in the absence of evidence (Ho-wai So, Yat-fan Siu, Wong, Chan, & Garety, 2016; Moritz, Van Quaquebeke, & Lincoln 2012). Early studies found an association between paranoia and external, personal attribution of negative events (e.g. Candido & Romney, 1990; Fear, Sharp, & Healey, 1996; Kaney & Bentall, 1992). This finding

has not been replicated in sub-clinical samples (e.g. Ho-wai So, Tang, & Wing-leung Leung, 2015; Martin & Penn, 2001; McKay, Langdon, & Coltheart, 2005, Sullivan, Bentall, Fernyhough, Pearson, and Zammit, 2013), and subsequent findings in clinical samples have been mixed. Some studies replicate the finding (Lincoln, Mehl, Exner, Lindenmeyer, and Rief, 2010), while others do not (Ho-wai So et al., 2015; Mehl et al., 2014; McKay et al., 2005). These mixed findings may be the result of methodological heterogeneities. There are discrepancies in the ways in which attributional biases are measured, the samples used, and how comorbid symptoms (e.g. depression) are accounted for (Sulivan et al., 2013).

Freeman et al. (2005) propose that paranoid ideation should be understood as a hierarchy. The most common instances of paranoia in the general population involve fear or perception of social evaluation and rejection, followed by feelings of being talked about or watched. Slightly less common are perceptions of mild threat (e.g. deliberate irritation) or moderate threat (e.g. deliberate targeting). The most unusual instances involve perceptions of severe threat of physical, social or psychological harm. This hierarchical nature was substantiated by Bebbington et al. (2013), who demonstrated that the most commonly experienced subcategory of paranoia in the general population is interpersonal sensitivity, followed by mistrust and ideas of reference, followed by persecutory ideation.

## A Novel Theoretical Model

The idea that social anxiety and paranoia are associated is not new. Several lines of research have shown high correlations between the two constructs in non-clinical, sub-clinical, and clinically diagnosed samples (e.g Birchwood et al., 2007;

Cassano, Pini, Saettoni & Dell'Oso, 1999; Combs & Penn, 2004; Gilbert et al., 2005; Goodwin et al., 2003; Huppert & Smith, 2005; Martin & Penn, 2001; Michail & Birchwood, 2009; Newman-Taylor & Stopa, 2013; Pallanti, Quercioli & Hollander, 2004; Rietdjjk et al., 2009; Schutters et al., 2012). It has been suggested that social anxiety falls at the lower end of a continuum or hierarchy of paranoia (e.g. Bullock, 2014; Freeman, et al., 2005; Lockett et al., 2012). However, the interaction between the two constructs is under-researched. It is widely acknowledged that they are highly correlated (Bullock, 2014), and even that they are likely to share cognitive maintenance mechanisms (Freeman et al., 2002; Morrison, 2001; Morrison et al., 2002). However, we do not yet know which mechanisms are shared and which are unique to either one. It is not yet clear how the two experiences can be differentiated from one another, or how they manifest together in the general population.

Given its prevalence and adverse impact on functioning from education through to employment, improving conceptual knowledge of social anxiety is paramount. Evidence suggests that it is associated with paranoia. Therefore, exploring the role of perceptions of others in social anxiety is integral to improving current theoretical understanding. Despite this, it has yet to be theorised in a conceptual model. Here, I summarise key literature and reconceptualise social anxiety and paranoia into their respective core fears to present a novel theoretical model of the development, maintenance, nature, and prevalence of social fears. The model yields several testable predictions which stand to further conceptual understanding, and it will provide a theoretical framework for future research. Potentially, it could also inform clinical, educational, and occupational practice.

**Reconceptualising Social Anxiety and Paranoia in Terms of Their Core Fears**

Research into social anxiety and paranoia and interpretation of existing findings are limited by ambiguity in conceptual understanding. It is necessary to consider the two constructs in their most basic terms before investigating or theorising about their relationship. Both social anxiety and paranoia involve seeing the self as a social object and perceptions of threat in social situations (Clark & Wells, 1995; Fenigstein, 1984; Fenigstein & Vanable, 1992; Gilbert et al., 2005; Martin & Penn, 2001), but their key difference is in their respective core fears. As Moscovitch (2009) highlights, the core fear in social anxiety is often confused with feared consequences. Negative evaluation, loss of social status, rejection, and anxiety in social situations are all consequences of an inadequate self. Therefore, this inadequate *self* is the core fear. Conversely, paranoid fears are characterised by the perception of the negative thoughts or intentions of *others*. Both groups therefore experience danger, threat, vulnerability, and anxiety in social situations, but for different reasons. The socially anxious individual fears the consequences of their personal inadequacies, and the paranoid individual fears the consequences of malicious or untrustworthy others. Social anxiety in its most literal sense, anxiety around others, is therefore not the core of the problem per se. Rather, it is a symptom of an underlying core fear focused on either the self or others. As such, this model and thesis will focus on social anxiety, but will draw upon the paranoia literature to explore the role of negative views of other people in this regard.
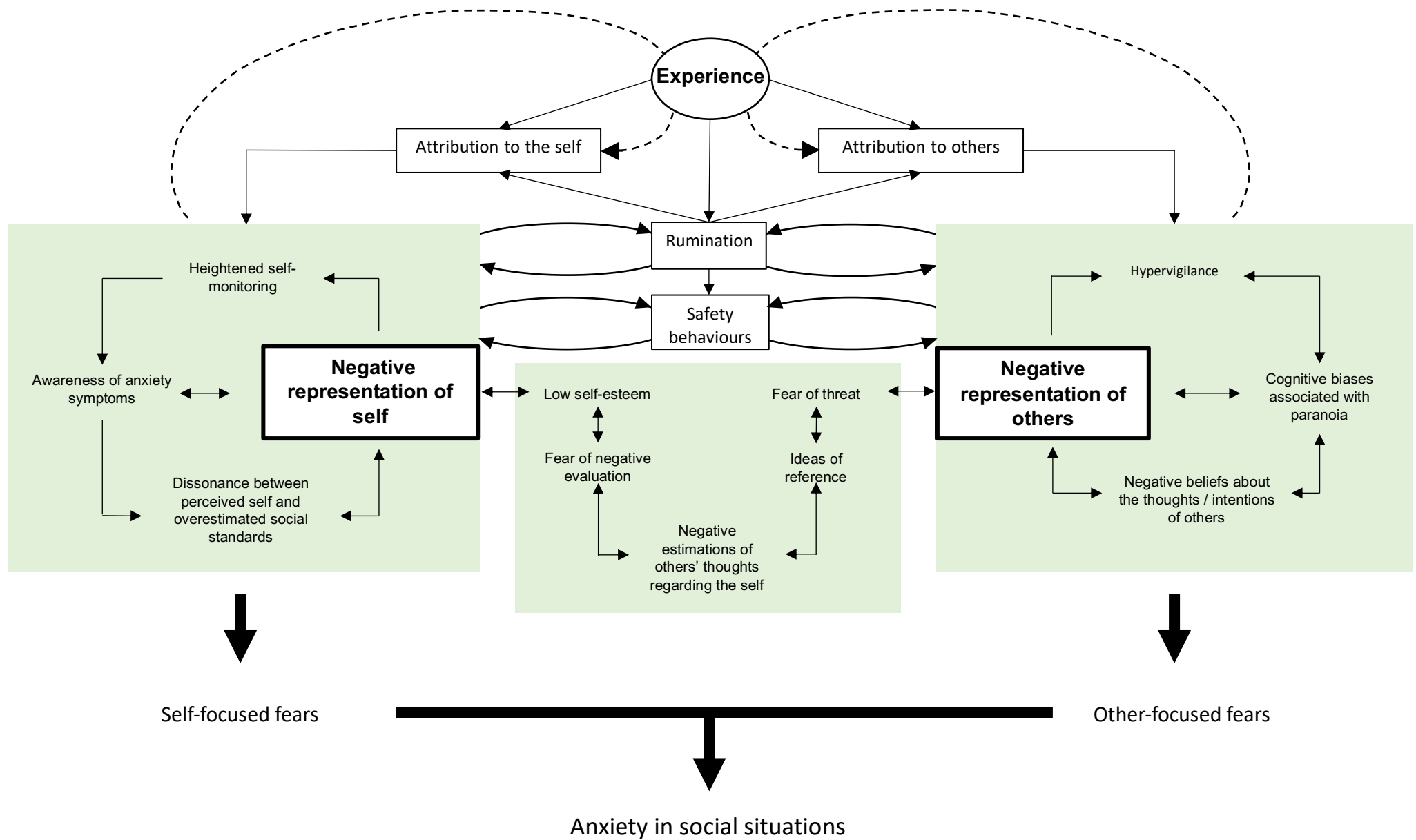
*Figure 1:* Cognitive model of the proposed interrelations between self-focused and other-focused core fears, resulting in distress in social situations. Solid arrows indicate primary processes and dashed lines indicate secondary processes. Thick arrows indicate major predictions. Green boxes show groups of related processes.

**Summary of the Model**

In the model, 'Experience' represents any negative social experience. This includes events which precipitate the onset of anxiety and subsequent events which perpetuate it, along with concurrent internal experiences such as anxiety (this is explained in more detail in Prediction 3 below). The model shows that a negative social experience could be immediately and directly attributed either to the self or to others. This is shown by solid arrows from 'Experience' to 'Attribution to the self' and 'Attribution to others'. Alternatively, this attribution could take place after the experience during rumination. Experiences can cause an individual to ruminate, shown by the solid arrow from 'Experience' to 'Rumination'. During rumination, the individual attributes the event to the self or to others, shown by the solid lines from 'Rumination' to 'Attribution to self' and 'Attribution to others'.

The outer green boxes represent a 'Negative representation of self' and a 'Negative representation of others', and their respective cognitive maintenance mechanisms. Broadly in keeping with existing models of social anxiety (e.g. Clark & Wells, 1995; Hofmann, 2007; Rapee & Heimberg, 1997; 2010), heightened self-monitoring increases awareness of anxiety symptoms which, along with perceived dissonance between the actual and desired social self, cause and maintain a negative self-concept. The negative self-concept may manifest as negative, intrusive mental imagery of the self in a negative light (Clark & Wells, 1997; Hackmann et al., 2000; further discussion in Chapter Three). In turn, the negative self-concept increases self-monitoring, perception of anxiety symptoms, and perceived dissonance between the actual and desired social self. A negative concept of others is similarly maintained through hypervigilance, cognitive biases (see Paranoia section above), and negative interpretations of the thoughts and intentions of others

(Carroll, 2009). This negative concept of others may also manifest as negative, intrusive mental imagery pertaining to threat (e.g. Lockett et al., 2012; further discussion in Chapter Three). It increases hypervigilance and maintains cognitive biases and negative beliefs about others. Double-headed arrows represent these processes influencing and reinforcing one another.

Negative representations of the self or others, and their corresponding maintenance processes, can be caused or exacerbated by the attribution of negative experiences thereof. That is to say, a negative self-representation can be caused or strengthened following a negative experience that is attributed to the self. This is shown in the model with solid arrows from 'Attribution to self' to the 'Negative representation of self' box, and from 'Attribution to others' to the 'Negative representation of others' box. The model also shows that once a negative representation of self or others is held, the likelihood that new experiences will be attributed congruently increases. This secondary process is shown in the model with dashed, circular arrows from 'Negative representation of self' and 'Negative representation of others', through 'Experience', to 'Attribution to the self' and 'Attribution to others', respectively.

According to the model, a negative self-representation causes self-focused fears, or social self-consciousness. A negative representation of others causes other-focused fears. Self-focused fears and other-focused fears both cause anxiety in social situations, and they can do so independently or in parallel. These are the major predictions of the model, and are shown in large, bold arrows.

A negative representation of the self can lead to a negative representation of others, and vice versa. This model is the first to predict the cognitive mechanisms

through which this may occur. The green box in the centre contains these proposed mechanisms. They are linked with double-headed arrows because the causal pathway can go in either direction.

The model also predicts that negative representations of the self and others can be strengthened during rumination. In turn, they increase the likelihood of future rumination. This reciprocal relationship is shown in the model by circular arrows. Similarly, safety behaviours can strengthen negative representations of the self or others, and these representations increase use of safety behaviours. This is also depicted with circular arrows. Safety behaviours may also result directly from conclusions drawn during rumination.

The model's four main predictions are explained in greater depth, and integrated with existing knowledge, below.

**The Model's Predictions**

**Prediction 1: Self and other-focused fears can cause anxiety in social situations via independent or mutual processes.**

Figure 1 broadly shows that a negative representation of the self and a negative representation of others can independently cause anxiety or distress in social situations. These independent causal pathways reflect existing models of social anxiety (Clark and Wells, 1995; Rapee and Heimberg, 1997; Hofmann, 2007) and fear of others (paranoia) (Freeman et al., 2002; 2005). Moreover, the model predicts that the two concepts may develop in parallel and/or that one may cause the other. This reflects the three likely pathways to comorbid social anxiety and paranoia identified by Michail and Birchwood (2009): a) social anxiety causes paranoid

ideation; b) paranoid ideation causes social anxiety; and c) social anxiety and paranoia develop concurrently. This prediction is supported by epidemiological studies showing that paranoid ideation predicts later onset of social anxiety and vice versa (Rietdijk, van Os, de Graaf, Delespaul, & van der Gaag, 2009; Schutters et al., 2012). Though these trajectories have been put forward by Michail and Birchwood (2009), the mechanisms underlying them have not yet been hypothesised. In other words, we do not yet know *how* social anxiety might lead to paranoia or vice versa, or *why* the two may develop in parallel. To answer these questions, this model reframes the constructs in terms of core fears and makes a three-fold prediction: 1) self-focused and other-focused fears can cause anxiety in social situations either independently or in parallel; 1a) self-focused fears can cause other-focused fears; 1b) other-focused fears can cause self-focused fears. As such, anxiety in social situations results from either from self-focused fears or other-focused fears, or both in parallel.

Self-focused and other-focused fears may develop in parallel following one or more precipitating social experiences, because social experiences inherently involve the self *and* others. The subsequent development of each fear depends upon the attribution of the negative experience to the self or others (this is discussed further in Prediction 3 below). Novel hypotheses about the mechanisms underlying the trajectories between self-focused and other-focused fears are made in Predictions 1a and 1b below.

***Prediction 1a: A negative self-representation can cause a negative representation of others.***

This model is the first to map the cognitive processes through which self-focused fears can cause other-focused fears. It shows that if a negative precipitating experience is attributed to the self (for example, an individual is criticised and concludes it happened because they are inadequate), then self-focused processes will be activated. As per existing models of social anxiety, these processes include heightened-self-monitoring, awareness of anxiety symptoms, and dissonance between the perceived self and the overestimated social standards of others. Together, these processes create and perpetuate a negative self-representation. In keeping with the combined cognitive biases hypothesis (Heimberg et al., 2010; Hirsch et al., 2006), these processes are reciprocal and interdependent. This negative self-representation causes anxiety in social situations (Clark & Wells, 1995; Hoffmann, 2007; Rapee & Heimberg, 1997).

Also in keeping with existing models, this model shows that a negative self-representation lowers self-esteem and leads to fears of negative evaluation. That is to say, the individual believes that their negative self-concept accurately reflects how they are seen by others (Clark & Wells, 1995; Rapee & Heimberg, 1997). In support of this prediction, the negative self-concepts held by socially anxious individuals have been shown to manifest as intrusive, observer-perspective mental imagery which depicts the self in a negative way (Clark & Wells, 1995; Hackmann, Surawy & Clark, 1998; Wells & Papageorgiou, 1998). Inherently, this imagery is a negative estimation of others' thoughts about oneself.

In expanding upon previous work, the model presented here makes a new prediction about how a negative self-representation may cause ideas of reference and persecutory ideation, which are typically associated with paranoia. According to the model, individuals who hold a negative self-representation believe that they are inadequate and that others must see them in a negative way. This puts them at risk of being talked about, laughed at, or persecuted. Accordingly, ideas of reference arise from this social self-consciousness: *it must be me they're laughing at; my friends are excluding me on purpose.* From here, the model predicts that threat beliefs are formed. The hostile thoughts and behaviours of others are threatening to the individual's already diminished self-concept, social status, and physical and emotional wellbeing. Consequently, the individual has formed a negative representation of others as hostile and threatening. The steps between a negative self-concept through to a negative concept of others proposed here sit well with previous work by Bebbington et al. (2013). Bebbington and colleagues assert that if an individual feels vulnerable and fears rejection, they become anxious about the intentions of others, begin to feel targeted, and as a result, feel persecuted.

Several avenues of research support this trajectory from self-focused fears to other-focused fears. For example, Atherton et al. (2016) conducted a study with individuals who experience paranoid ideation. When the researchers decreased these individuals' self-confidence, they made more negative social comparisons and experienced more paranoid thoughts when they entered a social situation in virtual reality. A longitudinal general population study by Schutters et al. (2012) also supports this prediction. The researchers showed that experiencing self-focused fears, including fears of blushing and being confused, predicted symptoms of paranoia 3.5 – 8.4 years later.

***Prediction 1b: A negative representation of others can cause a negative self-representation.***

The model also shows the reverse: the processes through which other-focused fears can develop into self-focused fears. It shows that if a negative precipitating experience is attributed to others (for example, an individual is criticised and concludes it is because the person criticising them is cruel), then other-focused processes are activated. As per current understanding of paranoia, these processes include heightened awareness of others, attentional, interpretational, and reasoning biases (e.g. Combs & Penn, 2004; Garety, 1999; Savulich et al., 2015; Moritz et al., 2012), and negative beliefs about others' intentions. It predicts that the negative representation of others resulting from these processes causes anxiety around others.

Building on this existing knowledge, the model then predicts that having a negative representation of others, and their thoughts and intentions, will elicit the belief that others are potential threats to one's social, emotional, or physical wellbeing. Accordingly, awareness of oneself as a potential target of this threat is heightened. This hyper-awareness causes the individual to perceive evidence of others targeting and referencing him. These predictions are supported by Fenigstein's (1984) evidence of self-as-target bias: the tendency to see the self as the target of external events. This, combined with the belief that others are hostile and likely to do cruel things, leads the individual to conclude that *he* is the butt of the joke, or the intended recipient of deliberate antagonism.

Finally, the model makes a new prediction about how a negative representation of others could lead to a negative self-representation. Perceptions of

deliberate targeting, negative evaluation, and persecution lower one's self-esteem and engender a self-representation pertaining to vulnerability and inadequacy. *For everyone to treat me this way, there must be something wrong with me.* This is supported by, and provides a potential explanation for, evidence showing associations between paranoia and low self-esteem (Drake et al., 2004; Ellet, Lopes, & Chadwick, 2003; Freeman et al., 1998; Martin & Penn, 2001), self-consciousness (Fenigstein & Vanable, 1992); upward social comparison (Freeman, Garety, Bebbington, Smith, et al., 2005), interpersonal sensitivity (Freeman et al., 2003) and negative self-beliefs (Fowler et al., 2006; Freeman et al., 2002; Gracie et al., 2007; Mills, Gilbert, Bellew, McEwan & Gale, 2007). In support of the trajectory from a negative concept of others to a negative self-concept, Schutters et al. (2012) showed that symptoms of paranoia in the general population predicted symptoms of social anxiety 3.5 – 8.4 years later (as measured by diagnostic criteria).

### *Testing prediction 1.*

Several avenues of research could provide further evidence to support prediction 1. Prediction 1 holds that social self-focused and other-focused fears can act independently or simultaneously to cause anxiety in social situations. This would be supported by evidence to show that self-focused and other-focused core fears are not mutually exclusive (i.e. it is possible for individuals to experience both at once), and that social anxiety increases as a function of both core fears. Prediction 1 also holds that a negative representation of others can arise from a negative self-representation and vice versa. The steps between self-focused and other-focused fears proposed here would suggest that these causal pathways develop gradually. If

so, then the longer a negative representation is held (or the stronger it is), the more it should predict its counterpart. Future work could test this by investigating whether the causal pathways can be immediate, i.e. whether inducing one negative representation can immediately and lastingly activate the other. Research should also investigate the relative strength of each pathway. It may be that self-focused fears cause other-focused fears quicker, more often, or to a stronger degree than other-focused fears cause self-focused fears. It may also be that individual differences determine the likelihood of one fear causing the other. Finally, prediction 1 broadly holds that treatment to reduce self-focused and / or other-focused fears (i.e. negative representations of self or others) should alleviate anxiety in social situations. However, treatment of just one core fear may not completely alleviate social anxiety if the other is still intact.

**Prediction 2: Self-focused anxiety and other-focused anxiety exist on a two-dimensional continuum.**

There are moves within clinical psychology towards a continuum approach to mental health. Rather than being understood as two categories, 'mentally healthy' and 'mentally unwell', mental health is instead understood as a single continuum from 'mentally healthy' to 'mentally unwell', and individuals can fall at any point in between. According to this approach, individuals who do not meet diagnostic criteria may still experience significant and pathological symptoms of mental illness. Evidence suggests that both social anxiety and paranoia independently exist on continua from non-clinical to severe. Rapee and Heimberg (1997) describe a continuum of social anxiety from non-clinical shyness through sub-clinical and clinical social anxiety, to avoidant personality disorder at the extreme end of the

scale. The continuum hypothesis is substantiated by several lines of evidence.

Firstly, there is a graded relationship between risk factors, clinical severity, and

treatment outcomes (Kessler et al., 2003; Knappe, Beesdo, Fehm, Lieb, & Wittchen,

2009). Secondly, experience of symptoms and symptom severity fluctuate over time

(Merikangas, Avenevoli, Acharyya, Zhang, & Angst, 2002). Finally, key symptoms,

including experiencing intrusive, negative mental images of the self, are experienced

in sub-clinical as well as clinical samples (Hackmann, Clark & McManus, 2000;

Homer & Deeprose, 2017).

Similarly, a body of evidence suggests that paranoid ideation and persecutory

delusions should be understood as a continuum rather than dichotomous clinical /

non-clinical categories (Bebbington et al., 2013; Chapman & Chapman, 1980;

Claridge, 1997; Freeman, Garety, Bebbington, Smith, et al., 2005; Freeman, Pugh,

Vorontsova, Antley & Slater, 2010; Hanssen, Peeters, Krabbendam, Radstake,

Verdoux & van Os, 2003; Johns et al., 2004; Peters, Jospeh & Garety, 1999;

Stefanis et al., 2002; Strauss, 1969; Verdoux & van Os, 2002). This is due to the

frequent occurrence of paranoid thinking in the general population (e.g. Bebbington

et al., 2013; Johns et al., 2004; Freeman, Garety, Bebbington, Smith, et al., 2005;

Freeman et al., 2010).

Some have argued that there is a continuum from social anxiety to paranoia,

in the sense that the more severe experience of paranoid ideation may develop from

the more common experience of social evaluative concerns (e.g. Bebbington et al.,

2013; Freeman et al., 2005; Lockett et al., 2012). The lower (more common and

least distressing) levels of Freeman et al.'s (2005) hierarchy of paranoia include

perception of negative social evaluation or rejection, feelings of vulnerability, and

ideas of reference. The higher (less common and most distressing) levels feature

perceptions of mild, moderate, or severe threat to social, physical or psychological wellbeing. This hierarchical nature is supported by an epidemiological study by Bebbington et al. (2013), who argue that paranoia should be understood as a continuum from interpersonal worries at one end to the rarer and more severe persecutory delusions at the other. However, 'social anxiety' in this context is used to refer to concerns about rejection and perceptions of vulnerability or potential threat (e.g. Freeman et al., 2005; Bebbington et al., 2013), rather than self-focused core fears specifically. Self-focused core fears have not yet been considered explicitly and distinguished from other-focused core fears in this regard.

A body of previous research has shown that paranoid ideation and social anxiety are reliably correlated. In other words, feeling that others may have negative intentions and feeling anxious around others go hand in hand. The model presented here makes a new prediction. It suggests that self-focused and other-focused core fears are highly correlated. In other words, feeling that others may have negative intentions and feeling that one is inadequate go hand in hand. This prediction is about the relationship between the two proposed causes of anxiety in social situations. This is not evident from existing literature because this model is the first to reconceptualise social anxiety and paranoia into their respective core fears before investigating or hypothesising about their relationship.

The model predicts that for most individuals, anxiety in social situations arises from interacting self-focused and other-focused processes. Therefore, rather than a linear continuum from social anxieties to paranoia, I propound a two-dimensional continuum which distinguishes between self-focused and other-focused fears while allowing them to correlate. This predicted distribution is shown in figure 2. Independently, both social anxiety and paranoia exist as positively skewed

continuous distributions. Accordingly, figure 2 shows that most individuals experience insignificant levels of maladaptive self-focused and other-focused cognitions and would fall around 0,0. Social anxiety and paranoia are highly correlated, that is to say that both constructs are commonly experienced by the same individuals. The model presented here predicts that self-focused and other-focused core fears are also highly correlated. To reflect this, figure 2 shows that most individuals fall around the identity line (X = Y), with relatively fewer individuals experiencing high levels of one construct and low levels of the other. In other words, while it is possible to experience only one core fear, individuals are more likely to experience both than to experience just one. Research has shown that paranoid ideation at the non-clinical and sub-clinical level is remarkably common (e.g. Freeman, Garety, Bebbington, Smith, et al., 2005), and manifests as often as social anxiety (Bebbington et al., 2013). Therefore, data points are spread evenly around the identity line.

The model is not incompatible with previous conceptualisations of a hierarchy or continuum of paranoia (e.g. Freeman et al., 2005; Bebbington et al., 2013). In fact, a hierarchy of paranoia could be represented by the X axis of figure 2. The model has the added dimension of acknowledging self-focused and other-focused fears as related but distinct concepts.
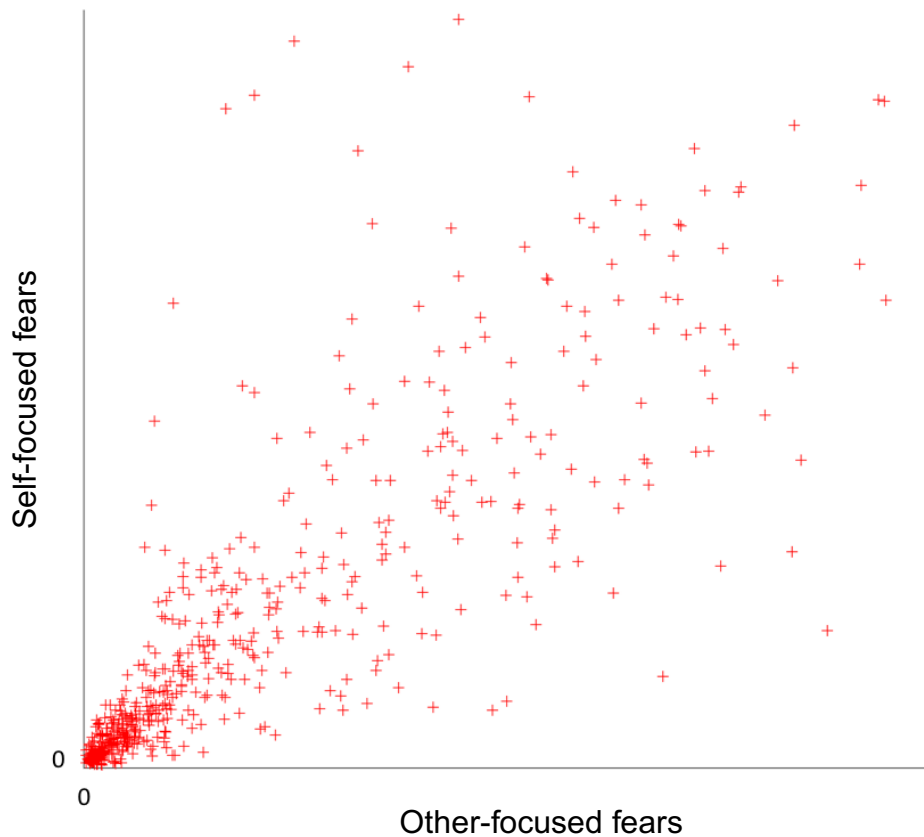
*Figure 2:* Statistical model of the expected structure of self-focused and other-focused fears in the general population.

### *Testing prediction 2.*

Prediction 2 is a preliminary hypothesis of the expected distribution of self and other-focused fears in the general population. To substantiate or falsify it, these core fears need to be measured directly. Currently, items on measures of social anxiety and paranoia often measure the consequences of both core fears, rather than the core fears themselves. For example, scales typically feature items such as, "When mixing socially, I am uncomfortable" (SIAS; Mattick & Clark, 1998), "I get nervous that people are staring at me as I walk down the street" (Social Phobia Scale (SPS); Mattick & Clark, 1998), and, "Strangers and friends look at me critically" (Paranoia Checklist; Freeman, Garety et al., 2005). Other scales ask participants to rate their

distress in specific social situations such as using the telephone or speaking in a group (e.g. the Liebowitz Social Anxiety Scale; Liebowitz, 1987). The issue here is that these items could relate to both self-focused and other-focused fears and do not distinguish between them: *people do tend to stare at me… probably because of how I look / probably because they have hostile thoughts.*

Figure 2 assumes that self and other-focused core fears are linearly correlated, but further insight into the structure of paranoia may challenge this hypothesis. Trower and Chadwick (1995) propose two distinct forms of paranoia. In 'poor me' paranoia, the individual feels they are unfairly persecuted. In 'bad me' paranoia, the individual feels they are in some way deserving of negative attentions from others. Ostensibly, figure 2 predicts that 'bad me' paranoia is more common and would manifest along the identity line, while the rarer 'poor me' paranoia would fall along the X axis. This distinction is under-researched (Freeman, 2007), but it has been suggested that 'bad me' paranoia is less common in clinical samples (Fornells-Ambrojo & Garety, 2009), and much more common in non-clinical samples (Sullivan, Bentall, Fernyhough, Pearson, and Zammit, 2013). This implies that severe paranoia may be less associated with self-focused anxiety than sub-clinical paranoia. If this were the case, then other-focused fears may have a curvilinear relationship with self-focused fears. In other words, individuals experiencing low-mid levels of other-focused fears may experience more self-focused fears than individuals experiencing high levels of other-focused fear. Relatedly, Freeman et al. (2005) postulate that the top-most tiers of their hierarchy of paranoia (perceptions of deliberate targeting and intended harm), which are experienced more rarely but are more distressing than the lower levels, may be a qualitatively different experience to social evaluative concerns and perceptions of mild threat. Researchers should seek to investigate the strength

of the relationship between self and other-focused fears at varying levels of the

paranoia continuum.

**Prediction 3: Attribution of negative experiences to self or others strengthens negative representations.**

Negative events have been associated with the onset of both social anxiety

and paranoia (e.g. Bendall-Alvarez-Jimenez, Nelson, & McGorry, 2013; Ellason &

Ross, 1997; Read, 1997; Erwin, Heimberg, Marx, & Franklin, 2006; Gracie et al.,

2007; Hackmann et al., 2000; Morrison, Frame & Larkin, 2003; Varese et al., 2012).

Accordingly, the model predicts that negative experiences, including personally or

objectively traumatic events are a possible, but not necessary, catalyst for self or

other-focused anxieties. In the model, 'Experience' stands to represent any negative

social experience that contributes to the onset or maintenance of anxiety, along with

concurrent affective and cognitive experiences such as shame, anxiety, or beliefs.

Initially, the event may be traumatic, and may precipitate the onset of anxiety. For

example, an individual is attacked by a group of strangers and so develops a

negative concept of others. Alternatively, multiple negative experiences may

collectively increase anxiety. For example, an individual experiences several

instances of bullying. Anxiety increases with each new experience and the negative

representation of others becomes progressively stronger. Once the individual

becomes anxious of social situations, new events serve to maintain the cycle. In

support of these examples, Gracie et al. (2007) found that experience of trauma is

associated with higher levels of paranoia, and that paranoia increases with the total

number of traumatic events experienced by an individual.

The interpretation of negative social experiences is crucial. Elements of the experience are associated with either oneself or others, e.g. *I was criticised because I'm no good*, and / or, *I was criticised because my colleagues are out to get me*. The model shows that these associations may occur immediately after the experience or during post-event rumination. The associations determine the trajectories of concomitant processes. For example, a negative experience attributed to the self would cause or exacerbate self-focussed processes, and a negative experience attributed to others would cause or exacerbate other-focused processes. Based on existing evidence, the attributions made by an individual should be influenced by both the objective qualities of the event, i.e. their own actions and the actions of others, and individual differences. For example, social anxiety is predicted by experiencing loss of control and tendencies towards avoidance (Schutters et al., 2012), while paranoia is predicted by predispositions towards hallucinations (Freeman, Garety, Bebbington, Slater, et al., 2005) and perceptual anomalies (Tone, Goulding, & Compton, 2011), experiences of trauma, and cannabis use (Schutters et al., 2012). The model hypothesises that once a negative representation of either self or others has been established, the individual is predisposed towards associating future events and experiences with the negative representation they hold. That is to say, once a negative self-representation has been established, future events are more likely to be attributed to the self. Once these biases have taken hold (i.e. once the individual holds a negative representation of self and/or others), benign experiences become increasingly likely to be interpreted in a negative way.

### *Testing prediction 3.*

Prediction 3 holds that attributing negative experiences to either the self or others catalyses or perpetuates negative representations thereof. Moreover, an existing negative representation of others increases the likelihood that future negative experiences will also be attributed to others, and a negative representation of the self increases the likelihood that future negative experiences are attributed to the self. There is considerable discrepancy in the literature regarding the tendency of highly paranoid individuals towards external, personal attribution of negative events. Some evidence is in support and some is in refute of this claim (see Paranoia section). Crucially, unlike previous research into attribution biases, the model does not assume that internal and external attribution are mutually exclusive. Rather, it allows for the possibility that some aspects of an event may be attributed to other people while other aspects are attributed to the self, and that concomitant processes can occur in parallel. If this is the case, one should expect that the frequency and/or conviction of self-attribution should increase as the negative self-concept becomes stronger, and the frequency or conviction of attribution to others should increase as the negative concept of others becomes stronger. To investigate this, it would be essential to allow events, or indices of events, to be attributable to both the self and others simultaneously. Finally, the model predicts that treatment to discourage excessive attribution of negative events to either self or others should prevent maintenance of fears thereof, and that treatment to reduce fears regarding the self or others should reduce the likelihood of future negative attributions thereof.

**Prediction 4: Rumination and safety behaviours strengthen negative representations of self or others.**

The model shows that a precipitating event, or an existing negative representation of either self or others, can cause rumination. In turn, this rumination contributes to, maintains, or strengthens negative representations of the self or others. The idea that rumination and post-event processing perpetuate or exacerbate negative self-beliefs is well established. For example, ruminating after a social event means that individuals are more likely to recall negative self-related information (Mellings & Alden, 2000). Rumination also maintains negative self-beliefs (Wong & Moulds, 2009). The model incorporates and expands on these findings by proposing that the content of this rumination (influenced in itself by individual differences and the objective qualities of the event) shares a reciprocal relationship with negative concepts of the self and / or others. That is to say, a negative self-representation increases the likelihood of self-focused post-event processing, which exacerbates or maintains the negative self-concept. Conversely, a predominant negative representation of others means that rumination is more likely to focus on others, which further reinforces other-focused fears. Therefore, rumination contributes to anxiety via exacerbating and maintaining negative concepts of the self or others, and in turn, self-focused or other-focused fears. The model also allows for attribution of a negative event (or specific indices thereof) to occur during rumination, rather than immediately after the experience.

The model also predicts that safety behaviours may arise from self or other-focused fears, and/or from post-event rumination. This prediction is not new: safety behaviours are a demonstrated mechanism in both social anxiety and paranoia and are thought to perpetuate negative cognitive schemas by biasing judgement

(Freeman et al., 2007; Freeman, 2007; Salkovskis, 1991; Wells et al., 1995). To illustrate, Wells et al. (1995) give the example of socially anxious individuals who do not speak during social situations for fear of embarrassment, but in doing so reduce the potential for positive interaction with others. This lack of positive interaction is taken as further confirmation of their inadequacy, and they conclude that the safety behaviour prevented further catastrophe. Freeman (2007) gives a comparable example to illustrate safety behaviours in paranoia: an individual may run home and take the need to run as further confirmation of threat beliefs, concluding that they avoided attack only by arriving home quickly enough. In socially anxious individuals, safety behaviours have long been associated with maintaining anxiety and fear beliefs (Wells et al., 1995). The model presented here expands on these findings slightly in predicting that safety behaviours may increase anxiety in social situations by maintaining negative concepts of the self *or* others specifically.

### *Testing prediction 4.*

Several research findings would further substantiate prediction 4. Existing literature reveals the role of rumination and safety behaviours in social anxiety and paranoia. However, it does not make predictions about their role in maintaining self-focused and other-focused core fears specifically, in regards to the maintenance of anxiety.

The more an individual ruminates, or the more distressing their rumination, the stronger their negative concepts of the self or others should be. Specifically, negative self-focused post-event processing should be predicted by an existing negative self-concept, and should in turn perpetuate or exacerbate negative self-

focused beliefs or fears. A stronger negative concept of others should mean that other-focused rumination predominates and reinforces other-focused fears.

Moreover, the more an individual performs safety behaviours, or the more committed they are to them, the stronger self-focused and other-focused fears should be. Research should investigate the relative contributions of self-focused and other-focused fears to the likelihood, frequency, commitment to, and nature of safety behaviours.

Finally, treatment to reduce rumination and safety behaviours will prevent their contributions to both self-focused and other-focused fears. In turn, treatment to reduce self-focused and other-focused fears should reduce the tendency towards rumination and employment of safety behaviours.

### Implications for Research and Treatment

This conceptualisation has considerable implications for future research, particularly with regards to the ways in which social anxiety and paranoia are measured. Questionnaire studies already show discrepancies that suggest measures may be imperfect. For example, correlations are stronger when social anxiety and paranoia are measured using self-report scales than when they are clinically assessed. Moreover, paranoia has been shown to correlate more to some measures of social anxiety than others (Huppert & Smith, 2005; Lim, Rodebaugh, Zyphur, & Gleeson, 2016). This may be because clinical assessment is more likely to establish the core fears of each disorder (self or others) than existing self-report scales, which tend to measure shared consequences (such as discomfort around others). Currently, these scales may not discriminate between those whose core

fears are self-focused and those whose core fears are other-focused. This limits research conclusions to individuals who experience anxiety in social situations, rather than to those who experience either self-focused or other-focused anxiety. Assessing research participants on the basis of their core fears would therefore be necessary to establish which predisposing, precipitating, perpetuating and protective factors are shared, and which are unique to either one. However, if these core fears are highly correlated as predicted, then disambiguating them during screening and measurement and obtaining purely self-conscious or paranoid samples may be problematic.

How can the model's main predictions (predictions one and two) be investigated? Prediction one can be tested by experimentally inducing negative concepts of the self or others and then observing effects on anxiety, self-consciousness, and paranoia. Prediction two can be investigated by examining the distribution of self-focused and other-focused fears within samples of interest. To do this, it would be necessary to develop novel psychometric assessment tools to measure self-focused and other-focused core fears specifically. This area of research would also benefit from in-depth qualitative exploration of individuals' perceptions of the self and others in relation to their social anxiety.

If substantiated by further investigation, the model has several potential implications for clinical, educational, and occupational practice. Currently, social anxiety is defined, diagnosed, and identified based on self-focused fears. For example, criterion B of the DSM-V classification of social anxiety disorder states, 'The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e. will be humiliating or embarrassing; will lead to rejection or offend others)' (APA, 2013, p. 202). The fear described here is self-

focused: anxiety is caused by the individual's negative self-perception. If the model's predictions are substantiated, then individuals' whose anxiety in social situations is caused by other-focused fears may not meet diagnostic criteria. (Further discussion of this in Chapter Six.)

There are moves in clinical psychology towards formulation rather than (or alongside) classification-based diagnosis, to better accommodate the broad, dynamic, and idiosyncratic nature of mental health (e.g. Butler, 1998; Harper & Moss, 2003; Johnstone & Dallas, 2006). The importance of self-focused and other-focused fears within the broader experience of social anxiety will be useful to consider during the formulation process in order to achieve as holistic and accurate a representation of the client's experiences as possible. Moscovitch (2009) advocates the importance of tailoring clinical interventions for social anxiety to the idiosyncratic core fears of the individual with regards to their self-concept. Clinical practice would be further enhanced if therapists could establish the relative contributions of self-focused and other-focused fears to an individual's distress (i.e. where the individual falls on figure 2). Given that individuals who experience persecutory delusions and individuals who experience social anxiety disorder do not show differential social cognitions, attitudes, behaviours, or evaluative beliefs (Newman-Taylor & Stopa, 2013), understanding how these core fears may interact with one another becomes particularly important in attempting to detangle complex and deep-rooted cognitive schemas.

Theoretical advancements in this area could also inform educational or occupational settings, especially given that some degree of social anxiety or paranoid ideation is so prevalent within the general population as to be almost 'normal' (Bebbington et al., 2013). Support for socially anxious individuals (e.g.

Topham and Russell, 2012) and interventions to promote successful working relationships should aim to curb both self-focused and other-focused fears by fostering self-confidence as well as trust and empathy among colleagues and peers.

## Conclusion

I propose a comprehensive theory of the fears underlying anxiety in social situations. The theory takes into account existing assumptions about, and evidence regarding, the relationship between social anxiety and paranoia. It incorporates the increasingly prevalent notion that social anxiety and paranoia are closely related and takes into account the two separate lines of research into social anxiety and paranoia. The theory reconceptualises social anxiety in terms of self-focused and other-focused core fears. It proposes that these core fears lead, either mutually or independently, to anxiety in social situations. This approach represents a first step towards mapping the cognitive mechanisms, affective processes, and causal pathways between these core fears. This area remains underexplored and its development is inhibited by limitations in understanding, measurement, and theoretical rationale. The model presented here will facilitate future research by providing conceptual clarity and an underpinning theoretical framework, as well as several testable predictions.

# CHAPTER TWO

# Methodology

*If a proposition can survive the onslaught of a series of imperfect measures,*
*with all their irrelevant error, confidence should be placed in it.*

– Webb et al. (1966)

## Overview of Methodology

This chapter presents an overview of the methods used in the subsequent empirical chapters of the thesis and provides a rationale for the chosen approaches.

The study presented in Chapter Three used an exploratory, qualitative approach to investigate the main premise of the theoretical model presented in Chapter One – that perceptions of self and others are both associated with experiences of social anxiety. Eleven individuals participated in a semi-structured interview which was audio recorded, transcribed verbatim, and analysed using thematic analysis to draw out and interpret the meaning of salient themes. This provided a foundation for further work. Chapter Four presents two experimental studies. These studies test the first prediction made by the model presented in Chapter One, which was that self-focused fears and other-focused fears can cause one another and anxiety in social situations. The first study in Chapter Four is pseudo-experimental. In this study, I activated negative concepts of the self or others that participants already held. I then measured the effects of this activation on negative affect, social anxiety, and paranoia. The second study in Chapter Four replicates the first using an experimental method. In this study, I induced negative

concepts of the self or others in participants who did not already hold such concepts. Once again, I then measured the effects of this manipulation on negative affect, social anxiety, and paranoia. A total of 229 individuals participated in these experiments. Chapter Five details the development and validation of new psychometric instruments to measure self-focused and other-focused fears. These new measures enabled me to test the model's second prediction, which was that these fears are linearly and positively correlated. A total of 622 individuals participated in this study, including clinical and non-clinical subsamples.

## Using a Mixed Methods Approach

Traditionally, there are two approaches to research in the social and behavioural sciences. Quantitative research involves systematic collection of numerical data, using methods such as experiments or closed-question surveys. Quantitative data is analysed using statistical and mathematical techniques. By contrast, qualitative research involves gathering non-numerical data through techniques such as interviewing or open-question surveys. Qualitative research typically produces rich datasets which can be interpreted in terms of themes or patterns of data-driven or theoretical interest. This thesis employs a mixed-methods approach. It uses qualitative, experimental, and pseudo-experimental methodologies alongside scale construction and validation.

Using mixed-methods approaches to scientific research remains a somewhat contentious issue. The idea of employing multiple or integrated methods is not new; several early social and behavioural scientists used this approach. However, there exists longstanding and vehement discord between proponents of qualitative and

quantitative research. Part, if not all, of this contention may be attributed to the different philosophies underlying the respective methodologies. Quantitative research is based on the principles of positivism, which prescribes that social, behavioural, and psychological phenomena should be analysed by detached and objective observers to empirically determine their true cause. Conversely, qualitative research is underpinned by constructivist, relativist, and humanist approaches. These approaches reject the notion of objective truth entirely. They operate on the premise that all knowledge is inherently subjective because researchers construct, rather than observe, reality (Johnson & Onwuegbuzie, 2004). Though some consider these perspectives irreconcilable (e.g. Howe, 1988), both are important and useful (Johnson & Onwuegbuzie, 2004).

Mixed-methods research was originally introduced in the methodological literature as triangulation by Campbell and Fiske (1959). Since then, it has evolved as a relatively new, third paradigm (Onwuegbuzie & Johnson, 2006; Teddlie & Tashakkori, 2009). It can be understood as a synthesis of the principles and methods of qualitative and quantitative research. The two methods can be employed simultaneously, which enables researchers to draw and compare parallel conclusions. Alternatively, they can be employed sequentially, which allows for the outcome of one to influence the design of the other (Morse, 1991). Accordingly, Johnson and Onwuegbuzie (2004) argue that the philosophical underpinning of mixed-methods research is best understood as pragmatism. Research should be conducted, and methods mixed, in ways that are most suited to the research question. Crucially, mixed-methods research is not intended to supersede purely quantitative or qualitative approaches, but to provide an alternative when aspects of both are desirable, or when weaknesses of either are problematic (Johnson &

Onwuegbuzie, 2004; Reichardt & Cook, 1979). Indeed, the fact that each approach can overcome the weaknesses of the other is a main advantage of combining them (Johnson, Onwuegbuzie, & Turner, 2007; Webb, Campbell, Swartz, & Sechrest, 1966). Moreover, Jick (1979) argues that mixed-methods research is more creative, yields richer data, and allows researchers to have greater confidence in their results because consistent findings are unlikely to be artefacts of the methodology used (Campbell & Fiske, 1959).

Mixed-methods approaches are particularly useful in clinical psychology. Results must be generalised from a sample to a population of interest when investigating characteristics of psychopathology or testing the efficacy of interventions. However, deeper understanding of individuals' phenomenology and lived experience is equally important in advancing theory and developing interventions that are both effective and acceptable to service users. As such, the Medical Research Council recommends using a mixed-methods approach in their guidance for developing and evaluating complex interventions (MRC, 2006). I therefore concluded that the best way to investigate and test the model put forward in Chapter One would be to make use of the various methods available to me: both quantitative and qualitative, both exploratory and hypothesis-driven. Using a sequential approach, I began by conducting an in-depth, qualitative exploration of the experiences of socially anxious individuals with regards to their concepts of self and others (Chapter Three). These data provided an incredibly rich insight into my primary, overarching research question – how do socially anxious individuals perceive others, and do these perceptions contribute to their anxiety? They also informed the social scenarios used in my experimental work (Chapter Four), and the

items generated for inclusion in the novel psychometric scales presented in Chapter Five.

## Using Mixed Samples

In the clinical and experimental psychopathology literatures, samples typically fall into one of three main categories: clinical, sub-clinical, and non-clinical (sometimes also called 'healthy'). It is generally understood that clinical samples should comprise individuals who meet diagnostic criteria for a given disorder, and usually thought that this status should be confirmed via diagnostic interview before or during the research. Sub-clinical samples are generally considered to be participants who experience above average levels of psychopathology (e.g. anxiety), but not to such a degree that they meet diagnostic criteria for a psychological disorder. Occasionally, samples of individuals who experience only one particular aspect of a psychological disorder are described as sub-clinical analogues (for example, individuals who experience intrusive and negative memories, but no other symptoms of PTSD). More often, samples are described as sub-clinical when they have been screened for above average levels of a given psychopathological construct using psychometric or clinical measurement tools. Because they do not undergo a full clinical interview, they may or may not reach diagnostic criteria. Finally, several types of samples may be described as non-clinical or 'healthy'. A non-clinical sample could mean that the individuals within in it have no psychological or psychiatric diagnoses. It could also mean that the individuals have not been screened for or selected on the basis of any significant level of psychopathology. It could also mean that they have been screened or selected for on the basis that they experience average or below average levels of psychopathology.

Sub-clinical and non-clinical samples in clinical psychological science are undervalued. Journals in the field are becoming increasingly selective in publishing only, or primarily, studies using clinical participants. Abramowitz et al. (2014) attribute this to the 'unquestioned assumption' that these studies inherently make a greater contribution to knowledge than those using non-clinical or sub-clinical samples. If published, sub-clinical samples are often cited as a methodological limitation. It stands that clinically diagnosed individuals are the ideal participants in studies seeking to investigate the experiences and characteristics of this group. Therefore, sub-clinical samples may be less desirable than the 'real thing' in analogue studies. However, the value of sub-clinical and mixed groups in clinical psychological research is generally underestimated for several reasons.

Firstly, sub-clinical levels of psychopathology are interesting in their own right. They are crucial in identifying risk factors, aetiologies, and the developmental trajectories of psychological disorders (e.g. Bebbington et al., 2013; Wittchen & Fehm, 2003). Understanding sub-clinical psychopathology is crucial to a prevention-rather-than-cure approach to improving and treating mental health. If we do not understand what psychological difficulties look like in their early stages, then we cannot intervene before they become more serious disorders. Moreover, diagnostic criteria alone are a somewhat arbitrary determinant of need for treatment. Arguably, sub-clinical but significant distress warrants intervention regardless of diagnostic thresholds (and preferably before it reaches diagnostic thresholds) (Spitzer, 1998). Sub-clinical samples and psychopathological phenomena are therefore worthy of consideration from both theoretical and applied clinical perspectives.

Secondly, there are several issues with reliance on clinically diagnosed samples. Having received a diagnosis in itself may affect individuals' interpretations

of their experiences, their likelihood or motivation to participate in research, their attitudes towards it, or their responses during research. Moreover, it is assumed that these individuals are representative of the entire clinical population they belong to. However, individuals seeking help for a given disorder generally represent a small minority of the population of individuals experiencing it, which means that results from these samples may not be generalisable (e.g. Abramowitz et al., 2014). Additional complications include difficulty in recruiting large samples, and any effects of treatment or medication (Freeman, Pugh, Vorontsova, & Southgate, 2009). These must be considered and accounted for both ethically and methodologically (i.e. treatment should not confound research and research should not impede treatment). It is also pertinent to comment upon issues with classification-based diagnostic systems more broadly. Some consider the process of applying criteria and categorising to be too rigid to capture the dynamic, idiosyncratic and heterogeneous nature of human experience (e.g. Butler, 1998; Harper & Moss, 2003; Johnstone & Dallos, 2006). It may be preferable, therefore, to select and assess participants based on certain dimensions of their experience, rather than on the category they have been assigned to.

Finally, in keeping with criticisms of diagnostic taxonomies, there are moves within clinical psychology towards understanding psychopathology as a continuous rather than categorical entity. That is to say, the experiences of individuals who meet diagnostic criteria for a given disorder are not qualitatively distinct from experiences within the normal range. Rather, they represent the extremes of common traits (Jonas & Markon, 2015). (There is compelling evidence to suggest that these dimensional models best fit both social anxiety and paranoia – see page 18 for further discussion.) This suggests two things: i) that the point along the continuum at

which diagnostic criteria are aimed is somewhat arbitrary, and ii) that clinical samples are really part of a larger population rather than a population in their own right. This reinforces the idea that participants should be selected and assessed based on the severity, frequency, or nature of their experiences rather than on whether or not they meet diagnostic criteria. Mixed samples (i.e. those comprising non-clinical and sub-clinical as well as clinically diagnosed individuals) allow for dimensional, comprehensive, and wide-ranging investigation. Therefore, they may be more representative of the objective structure of psychopathology than purely clinical samples (Wittchen & Fehm, 2003).

These considerations are particularly applicable to this work. The predictions made by the theoretical model presented in Chapter One concerning the development and structure of self-focused and other-focused fears are not limited to clinical samples. This is particularly evident in prediction two, which hypothesises the distribution of self-focused and other-focused fears in the general population (page 18). As such, I have used mixed samples throughout. The qualitative investigation presented in Chapter Three employed participants screened to be above average in social anxiety who experienced varying levels of paranoia. The experiments in Chapter Four employed individuals across the spectrum of anxiety and accounted for these trait characteristics in subsequent analyses. Finally, the novel psychometric scales outlined in Chapter Five were validated and tested in various clinical and non-clinical subsamples.

# CHAPTER THREE

## A Preliminary Qualitative Exploration

*Oh other people? Yeah, I think they might notice my hands trembling, and in my head I am just focusing on not trembling my hands and I usually picture them making fun of me, and telling other people about it…*

– Study participant

### Overview

In this chapter, I present a qualitative investigation designed to explore the main questions raised by the theoretical model described in Chapter One. A detailed and in-depth understanding of the thoughts, feelings, and experiences of individuals with regards to self-focused and other-focused fears would also provide a sound foundation for further work. Intrusive mental imagery is extremely common in social anxiety. It is hypothesised to be a key cognitive maintenance mechanism and is strongly associated with negative self-concepts. Moreover, dialogue around mental imagery can be used as a means to access deeper levels of meaning and underlying core beliefs (e.g. Barnard & Teasdale, 1991; Holmes & Hackmann, 2004; Somerville et al., 2007).

## Introduction

**Mental Imagery**

Mental imagery can be understood as an internal, or 'mind's eye' perception in the absence of the external stimulus it represents (Holmes & Mathews, 2010). Mental images are intrusive when they are experienced frequently and involuntarily (Holmes, 2003). Intrusive and distressing mental images are most often associated with Posttraumatic Stress Disorder, but a growing body of evidence is revealing their transdiagnostic ubiquity. These perturbing mind's-eye perceptions have been shown to occur in depression (Patel et al., 2007; Pearson et al., 2008), suicidality (Holmes, Crane, Fennell, & Williams, 2007), eating disorders (Cooper et al., 1998; Somerville et al., 2007), psychosis (Morrison et al., 2002), and anxiety disorders including generalised anxiety (Breitholtz, Westling, & Öst, 1998), obsessive-compulsive disorder (Speckens et al., 2007; Lipton et al., 2010), and health anxiety (Muse, McManus, Hackmann, Williams, & Williams, 2010).

In social anxiety in particular, intrusive images have been compared in their phenomenology and severity to posttraumatic flashbacks (Erwin, Heimberg, Marx, & Franklin, 2006) and have received considerable research attention. There are inconsistencies in the literature as to how images and memories are differentiated and operationalised (Patel et al., 2007). The terms are often used interchangeably. Both refer to mental representations that often have rich sensory and emotional content. However, there are key conceptual differences between the two. Memories can be understood as a mental reconstruction, within its surrounding context, of an event that took place in reality (Patel et al., 2007; Reynolds & Brewin, 1998; 1999). Unlike memories, images can range from accurate representations of real events, to

distorted reflections thereof, to entirely imagined situations (Brewin, Gregory, Lipton, & Burgess, 2010; Martin & Williams, 1990). In this way, images may involve abstract sensory derivatives, or 'hotspots' of memories, independent of any contextual information (Grey, Young, & Holmes, 2002; Holmes, Grey, & Young, 2005; Hackmann et al., 1998; 2000; Patel et al., 2007). They can also be 'flashforwards' to possible or feared future events (Holmes et al., 2007). In social anxiety, images tend to bear clear conceptual and perceptual links to negative autobiographical memories (Hackmann et al., 2000; Homer & Deeprose, 2017). Both memories and images can intrude into awareness. These intrusive cognitions are more distressing than voluntarily recalled or generated cognitions (Brewin et al., 2010). For example, recent research suggests that intrusive social anxiety images are more emotionally distressing than voluntarily accessed memories, and that individuals who experience intrusive imagery may also experience higher levels of general distress (Homer & Deeprose, 2017).

Cognitive models of social anxiety typically predict that fears of humiliation, rejection, and loss of social status are reinforced by biased self-representations. These representations are formed and updated through scrupulous self-monitoring, and are informed by overestimated physiological anxiety symptoms and perceived confirmatory evidence of inadequacy during social interaction (Clark & Wells, 1995; Rapee & Heimberg, 1997; Hofmann, 2007). They are thought to manifest as intrusive mental images, typically involving seeing the self in a negative way from an external visual, or 'observer' perspective (Clark & Wells, 1995). Relatedly, Conway and Pleydell-Pearce (2000) propose that information regarding the self, including autobiographical memories and semantic information, form a self-memory system (SMS). The SMS comprises a long-term self – a general and stable self-concept –

and a working-self, which updates according to current contextual cues. Building on this, Hulme, Hirsch, and Stopa (2012) suggest that negative, observer-perspective self-images form part of the SMS. They propose that negative self-images experienced by socially anxious individuals represent a working-self pertaining to low self-esteem and perceived social inadequacy. This observer perspective imagery features prominently in the literature and is thought to be a key maintenance mechanism in social anxiety (Clark & Wells, 1995; Spurr & Stopa, 2001; Wells & Papageorgiou, 1999). In both sub-clinical and healthy samples, visualising negative self-imagery is detrimental to social performance (Hirsch, Clark, Mathews, & Williams, 2003; Hirsch, Meynen, & Clark, 2004; Hirsch, Mathews, Clark, Williams, & Morrison, 2006), self-esteem, and resilience to social threat (Hulme et al., 2012).

Observer perspective imagery involves looking at the self as if from an external point of view. This could be from the perspective of another person, i.e. an observer or onlooker (Hackmann et al., 1998). It could also be from the perspective of the subjective consciousness, i.e. 'I', looking at the objective and observable self as a social object, i.e. 'me' (Clark & Wells, 1995; Fenigstein, 1984; Fenigstein & Vanable, 1992; Duval & Wicklund, 1972). Crucially, the observer perspective differs from the field perspective in that the former involves looking at the self from an external perspective while the latter is one's own perspective, as if looking out through one's own eyes (Coles et al., 2001).

Early studies confirmed the prevalence of the observer perspective, defined as the perspective of an observer or onlooker, in social anxiety images. Interviews conducted by Hackmann, Surawy, and Clark (1998) showed that the images and impressions of socially anxious individuals were more likely to be in the observer perspective than those of a non-anxious control group. Several cross-sectional

studies indicated that this finding may be specific to social situations (Wells, Clark & Ahmad, 1998; Wells & Papageorgiou, 1999) that are highly anxiety inducing (Coles, Turk, Heimberg & Fresco, 2001). However, more recent studies suggest that experiences of social anxiety imagery may be more nuanced. Moscovitch et al. (2011) found that sub-clinical socially anxious participants were no more likely to retrieve negative imagery from the observer perspective than from the field perspective. Moreover, of 20 participants interviewed about their public speaking anxiety by Homer, Deeprose, and Andrade (2016), only 5 (25%) experienced self-images from an observer perspective. One participant described a broader 'fly on the wall' perspective of both herself and the audience. This wider viewpoint has been considered a detached form of the observer perspective, i.e. the viewpoint of no-one, or no one in particular, rather than an onlooker or observer (Nigro & Neisser, 1983; McIsaac & Elch, 2004; Stopa et al., 2013). The remaining 14 images in the study by Homer et al. (2016) were field perspective images of the audience only[1]. In a recent study by Homer and Deeprose (2017), 16 of 27 sub-clinical socially anxious participants (59%) reported intrusive mental imagery of social situations in the field perspective. Ostensibly, this discrepancy may be attributed to the observer perspective being associated with higher levels of anxiety (Coles et al., 2001), and therefore occurring more reliably in clinical than sub-clinical samples. However, Homer and Deeprose (2017) found no differences in Depression-Anxiety-Stress scale scores or image-related sadness, anger, embarrassment, shame, or anxiety between participants experiencing intrusive, field perspective images and those whose imagery was in the observer perspective[2]. This suggests that the field

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[1] Additional analysis on the published data.
[2] Additional analysis on the published data.

perspective may be just as common as the observer perspective in social anxiety, and just as distressing, but this study did not assess participants' perceptions and conceptualisations of self and others in relation to their anxiety.

**Perceptions of Self and Others**

The theory presented in Chapter One reconceptualises social anxiety and paranoia in terms of their core fears. The core fear in social anxiety is an inadequate or socially detrimental *self* while the core fear in paranoia concerns malicious or hostile *others.* The theory predicts that both core fears cause anxiety in social situations. Given this distinction, the ways in which individuals who experience anxiety in social situations perceive and conceptualise others as well as themselves are theoretically interesting. Because this is a novel conceptualisation, no qualitative research has investigated individuals' experiences of anxiety in social situations with regards to these core fears specifically.

Social anxiety and paranoia are thought to share cognitive maintenance mechanisms (Bullock, 2014; Freeman et al., 2002; Morrison, 2001; Morrison et al., 2002). Intrusive and distressing mental self-imagery is considered a key mechanism in social anxiety. The role of mental imagery in paranoia, and its implications for the relationship between social anxiety and paranoia, are underexplored. Research has shown that experimentally-induced negative self-images increase state paranoia as well as social anxiety (Bullock, Newman-Taylor, & Stopa, 2016). However, involuntary images experienced by paranoid individuals may be focused on others rather than on the self. Morrison et al. (2002) identified through semi-structured interviews that imagery is prevalent among individuals experiencing psychosis.

Though perspective was not reported, images associated with paranoia typically involved being attacked by others. More recently, Lockett et al., (2012) interviewed individuals with comorbid psychosis and social anxiety. They found that images pertaining to self-focused social concerns were experienced from the observer perspective, while images associated more with paranoia were field-perspective visions of threatening others. This finding is consistent with the idea that the content of intrusive imagery represents the idiosyncratic core fear of the individual experiencing it (Homer & Deeprose, 2017). If self-focused core fears of personal inadequacy may manifest as intrusive, observer perspective self-imagery (Clark & Wells, 1995), then equally prevalent and distressing field perspective imagery of disapproving or hostile others may reflect paranoid ideation.

## A Qualitative Exploration

A detailed investigation into socially anxious individuals' self-focused and other-focused beliefs would serve as an initial exploration of the conceptualisations of self and others in relation to social situations proposed to be of importance in Chapter One. Intrusive mental imagery provides an effective route through which these meanings can be identified and explored. Such an investigation would be the first to analyse individual experiences of self-focused and other-focused core fears specifically. It would therefore enhance conceptual understanding of the factors contributing to social anxiety in terms of experiences and perceptions of the self and others. It would also facilitate consideration of experiences relating to paranoia in this regard. Moreover, it would elucidate the phenomenology of intrusive mental imagery as a cognitive mechanism that is potentially shared between social anxiety and

paranoia. Better understanding of the meaning and significance of intrusive imagery in relation to self-focused and other-focused core fears may prove beneficial to clinical practice. New understanding could inform formulation or tailor interventions. In the case of image-focused interventions such as image-rescripting or Eye Movement Desensitisation and Reprocessing therapy (EMDR) (Holmes, Arntz & Smucker, 2007; Wild, Hackmann & Clark, 2008; Shapiro, 1989; 2001) it may also help to identify appropriate target imagery.

A sample of 11 individuals was interviewed. These individuals were screened to be highly socially anxious and to experience recurrent and intrusive social imagery. They experienced varying degrees of paranoia. The semi-structured interview template was based on interviews with socially anxious individuals conducted by Hackmann, Clark and McManus (2000), but with an increased focus on beliefs about others as well as the self. The interview began by covering the content of individuals' intrusive imagery; when their images tended to occur; and the sensory modalities of the images. Previous work by Hackmann et al. (2000) and Homer and Deeprose (2017) suggests that social anxiety images are predominantly visual, auditory, and somatic. Further evidence to support this presence of somatic symptoms, but in the context of self-focused and other-focused fears specifically, would be particularly interesting. Lang's bio-informational theory of emotional imagery holds that somatovisceral mental images reflect physiological responses to encountering the stimulus in reality. Therefore, somatovisceral anxiety responses to imagery of others in socially anxious individuals would suggest that, as predicted in Chapter One, anxiety in social situations can be caused by others as well as the self. Interviews also covered image perspective; links to specific episodic memories;

associations with the past, present, and future; corresponding beliefs about self and others; associated emotions; and participants' inferences about specific behaviours or outcomes caused by intrusions. My primary research question was: what can intrusive mental images tell us about perceptions, beliefs, and anxieties surrounding self and others in social anxiety? I identified several predictions based on the literature and previous work:

1. Images would primarily be visual, auditory, and somatic
2. They would usually be based on negative autobiographical memories
3. The field and observer perspectives would be equally common, and more common than the fly-on-the wall perspective

These predictions are analysed in the Analysis of Image Characteristics part of the results section (page 62). The predictions of the theoretical model detailed in Chapter One are also applicable. In particular, prediction two proposes that most participants should experience both self-focused and other-focused fears in relation to their social anxiety. However, the study was designed to explore and draw out key themes regarding participants' overall descriptions of their perceptions of self and others, rather than to test these predictions directly. The outcome of this exploration can be seen in the Thematic Analysis part of the results section (page 73).

## Method

### Participants

A total of 54 students from the University of Plymouth signed up to the study for course credit and completed the screening measure. Of these, 18 individuals met the criteria and were invited to interview, and 13 attended. Two participants could not

recall experiencing a clear, recurrent, and intrusive image relating to social situations during the interview. These participants were excluded from analysis, leaving a sample of 11, aged 18 – 29, mean age = 21.36, SD = 4.11, 10 females. Of these individuals, two disclosed diagnoses of an Autism Spectrum disorder; two had received a diagnosis of Generalised Anxiety Disorder; one had received diagnoses of Social Anxiety Disorder, Panic Disorder, and Obsessive-Compulsive Disorder; one had been diagnosed with depression and anxiety but had also received treatment for Posttraumatic Stress Disorder (PTSD); one had not been formally diagnosed but experienced symptoms of PTSD; one participant was unsure about having received a diagnosis; and three had not received any psychological diagnoses.

**Materials**

**Screening survey:** The screening survey was hosted online and began by briefing participants and obtaining their informed consent to continue. The survey defined recurrent and intrusive mental imagery then asked participants whether they experience any such imagery relating to social situations (i.e. themselves and/or others) and if so, to provide a brief example. They were then asked to specify how often their image occurs (Every day or almost every day; Every few days; Around once a week; Once every few weeks; Around once a month; Once every few months; Once or twice a year; or Less than once a year). Participants then completed the Social Phobia Scale.

**Social Phobia Scale:** The Social Phobia Scale (SPS) (Mattick & Clarke, 1998) is an established and widely used measure of social anxiety (e.g. Le Blanc, Bruce, Heimberg, Hope, & Blanco, 2014). It is frequently used in screening for social

anxiety, as well as in assessment treatment outcomes (Mörtberg, Reuterskiöld, Tillfors, Furmark, & Öst, 2017). It consists of 20 items including, 'I fear I may blush when I am with others'. Participants respond on a 5-point Likert scale scored 0 – 4 (Not at all; Slightly; Moderately; Very; Extremely), generating scores between 0 – 80. Mattick and Clarke (1998) report an undergraduate mean of 14.1 (SD = 10.2) and a clinically socially anxious mean of 40 (SD = 16). The scale has high internal validity, α = 0.94 (Mattick & Clarke, 1998).

**Depression-Anxiety-Stress Scale-21:** The DASS-21 was included as a descriptive measure of participants' general psychological wellbeing at the time of the interview. The three subscales of the DASS-21 (Lovibond & Lovibond, 1995) comprise 7 items each, such as, 'I found it hard to wind down' (stress subscale), 'I felt I was close to panic' (anxiety subscale), and, 'I felt that life was meaningless' (depression subscale). Participants respond on a 4-point Likert scale scored 0 – 3 (Did not apply to me at all; Applied to me to some degree, or some of the time; Applied to me to a considerable degree or a good part of the time; Applied to me very much or most of the time), providing scores between 0 – 21 on each subscale and 0 – 63 overall. The scale has good internal consistency, α = .93 (Henry and Crawford, 2005).

**Paranoia Checklist:** The Paranoia Checklist is an established and widely used measure of paranoia (e.g. Carvalho et al., 2018). It was designed to assess paranoid ideation of a more clinical nature than that assessed by the Paranoia Scale which, though the most widely used measure of paranoid ideation, was designed to assess paranoia commonly experienced by college students (Freeman et al., 2005). On the conviction subscale of the Paranoia Checklist (Freeman et al., 2005), participants rate their conviction of 18 items including, 'I need to be on my guard against others', on a 4-point Likert scale scored 0 – 4 (Do not believe it; Believe it a little; Believe it

somewhat; Believe it a lot; Absolutely believe it), providing a score between 0 and 72). Freeman et al. (2005) report a student mean of 16.7, SD = 12.1), and high internal consistency, $\alpha \geq .9$.

**Semi-structured interview:** A semi-structured interview template was developed based on previous work by Lockett et al. (2012), Homer et al. (2016), and Stopa et al. (2013). Interviews by Lockett et al. (2012) and Homer et al. (2016) were adapted from original work by Hackmann, Clark and McManus (2000). Interviews by Stopa et al. (2013) were adapted from original work by Wells (2000). See appendix 1 for the full template. The interview began by defining recurrent and intrusive mental images as mental representations, 'in the mind's eye', (that may involve visual, auditory, somatic, tactile, olfactory, or gustatory elements), that occur unwantedly. Participants were then invited to describe the intrusive imagery relating to social situations that they experience in as much detail as possible, and to specify when they tend to experience it. Following this, participants visualised their image for 20 seconds (timed by the interviewer) and were then asked what sensory modalities their image involved. Then, the interviewer described what is meant by image perspective and showed the participant corresponding diagrams shown below (also in appendix 2). The field perspective was described as 'one's own perspective, as if looking out at the world through one's own eyes', and the observer perspective was defined as, 'looking at the self from the perspective of someone else' (Spurr & Stopa, 2003; Wells & Papageorgiou,1999) (see page 45 for further discussion of the observer perspective). The fly-on-the-wall perspective was defined as a wider view, usually of both self and others, from the vantage point of no-one in particular (Nigro & Neisser, 1983; McIsaac & Elch, 2004).

**Observer Perspective**

**Field Perspective**

Self

Others

Self

Others

**Fly on the Wall Perspective**

Self

Others
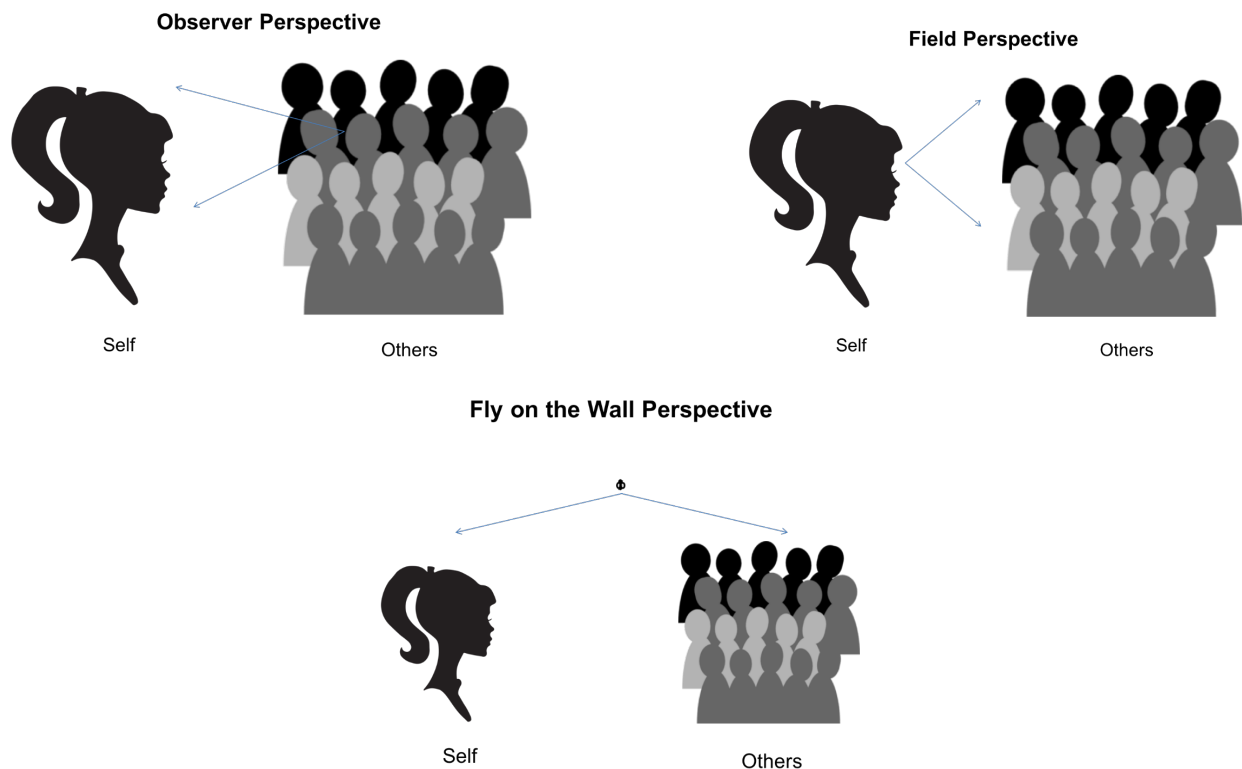
*Figure 3*: Diagrams of observer perspective, field perspective, and fly-on-the-wall perspective imagery.

After participants specified the perspective of their image, they were asked whether their image was linked to a particular memory and if so, how old the memory was, and whether the image was an accurate representation of the memory or a distorted version of it. At this point, participants were given the memory distortion visual analogue scale (VAS) (see below). Next, participants were asked whether their image relates more to the past, the present, the future, or whether they consider it to be 'outside of time'. Participants were then asked about what beliefs about their selves and others were associated with their image, and what emotions arise when it occurs (using the emotionality VASs – see below). Finally, participants were asked about the consequences of any intrusions they experience. For example, whether they felt that their imagery caused them to avoid certain situations or to engage in any specific behaviours.

The course of the interviews was determined to some extent by the participants' responses. For example, interviewers would deviate from the template if the participant said something of particular interest that should be followed up on. Interviewers were encouraged to gather as much data as possible by allowing participants to speak freely, but to balance this by ensuring that topics were relevant to the overall research questions. Interviewers were instructed to structure their questions using the inverse triangle technique: begin by asking the participant a broad and open-ended question, let them answer freely, and then clarify meaning or follow up on interesting points, gradually becoming more specific.

**Visual Analogue Scales:** Interviewers employed 9 VASs, scored 0 – 100 and presented on paper, to facilitate and corroborate participants' verbal answers. They related to the degree to which participants' images were distorted from reality, and the degree to which their images made them feel sad, angry, embarrassed, ashamed, anxious, disgusted, suspicious, and threatened (see appendix 3).

**Mood reversal tasks:** Participants completed two mood reversal tasks. The first involved visualising a social situation they enjoyed, something that made them happy, or something they were looking forward to for 20 seconds and briefly discussing it with the interviewer. The second involved watching a funny cartoon with accompanying uplifting music on the computer for approximately 4 minutes.

**Interview setting:** To put participants at ease, all interviews were conducted in a 'soft lab', which is set up to resemble a domestic sitting room with armchairs, lamps, carpet, pictures on the wall, and a coffee table. The room also had a desktop computer in the corner behind a screen.

**Interviewers**

Interviewers were three female final year undergraduate Psychology students who participated in the project as part of their dissertation work. I trained the students in interviewing skills before they conducted their interviews. Across several sessions we went through the interview template; I demonstrated the interview while they observed; and they had the opportunity to practice on one another while I observed and gave feedback. Between sessions, the interviewers reviewed the interview template in their own time and practised with friends or course-mates. We practised skills such as how to identify and follow up on theoretically interesting remarks while keeping track of the template. For example, I ensured that the students understood and were confident in using the inverse triangle method: they began with broad, open questions which allowed the participant to answer freely. They then made their questions gradually more specific to clarify or follow up on the participant's responses. We also practised more general interviewing skills such as active listening – showing attention to the participant in a warm and encouraging way without interrupting their responses – and the 'six second rule', which is to resist saying anything for six seconds after the participant has finished speaking to give them chance to elaborate further. This training also included researcher integrity and reflexivity, see appendix 6 for details.

**Procedure**

The study was granted ethical approval by the University of Plymouth Health and Human Sciences Ethics Committee. Students who signed up to the study via the University of Plymouth study participation system were emailed with a link to the

screening survey. Individuals who experienced intrusive, negative social imagery at least once every few weeks and who also scored at least one SD above average on the SPS (≥ 24; Mattick & Clarke, 1998) were invited to attend a one-hour laboratory session at the university. After individuals were briefed and had given their informed consent to participate, they completed some demographic questions followed by the DASS-21 and the Paranoia Checklist on the computer (the order of the scales was randomised for each participant). They were then interviewed by one of three interviewers, all of whom had received training in clinical interviewing. Interviews lasted between 25 and 52 minutes. Following the interview, participants completed the mood reversal tasks, were debriefed, and received course credit for participation.

**Analysis**

Interviews were transcribed verbatim. As per Hackmann et al. (2000), descriptive data regarding participants' experiences of intrusive imagery (e.g. sensory modalities, associated memories) based on their answers to questions to questions 1-7 on the interview template (appendix 1), are presented outside of the main thematic analysis. All interviews, in their entirety, were subject to thematic analysis following the six-step approach of Braun and Clarke (2006) to address the primary research question, 'what can intrusive mental images tell us about perceptions, beliefs, and anxieties surrounding self and others in social anxiety?' This immersive method requires researchers to become highly familiar with their data by reading through transcripts several times and making initial notes before beginning analysis (see appendix 4). Using a theoretical approach, initial codes were generated based on immediately salient cases of theoretical interest. Concurrently, the three interviewers independently coded and analysed subsets of data to facilitate

independent scrutiny of this initial coding: comparison between these sub-analyses verified the validity, prevalence, and importance of initial codes as they were collected into preliminary themes. Codes within each theme were then scrutinised based on Patton's (1990) criteria for internal homogeneity and external heterogeneity. Themes whose codes were scarce, did not span multiple participants, or were incoherent were discarded. Themes whose codes were holistically coherent but showed underlying patterns or divergences were made into major themes and their codes were reorganised into subthemes. Semantically similar themes were scrutinised and either merged or re-evaluated as subthemes of a new major theme.

Throughout the analysis, the primary research question pertaining to experiences of self and others was kept in mind. At this stage, we considered whether each major theme (for example, 'Lack of control') should be split into subthemes pertaining to self-focused and other-focused codes (e.g. 'Lack of control over self' and 'Lack of control over others'). However, themes were more coherent and better represented the nuances within the data when they were allowed to describe self-focused and other-focused anxieties independently. This gave rise to the overarching categories described below. Once a clear set of major themes and subthemes had been achieved, codes within each theme were re-read to ensure that they were internally consistent and that the name of the theme accurately captured the essence of the data it represented. Finally, transcripts were read again and themes were reviewed by an independent researcher to ensure the identified themes told a comprehensive, accurate, and theoretically interesting story about the dataset. (See appendix 4 for examples of initial codes and appendix 5 for extracts within each theme and subtheme). Results are presented as an analytic narrative with extracts to exemplify each theme and subtheme.

**Reflexivity**

I trained the interviewers in reflexive research before they undertook their projects. Over several sessions, I introduced the idea of reflexivity and its importance in (particularly qualitative) research; we considered factors that could impact the research; and we looked at examples of reflexivity statements in peer-reviewed qualitative work (e.g. Birks et al., 2014). Specifically, we discussed the influence the interviewers' characteristics, the participants' expectations, the interviewers' preconceptions, and the nature of the research could have on data collection. Where possible, we addressed these issues before data collection began. For example, we practised rapport building as a partial countermeasure to the potential power imbalance between interviewer and interviewee. We highlighted in the study advertisements and brief that participants should not expect to gain any psychological benefit from participating in the research. I also emphasised the importance of researcher integrity, and trained interviewers to ensure their interviews were led by the interview template and the participants' responses rather than their own preconceptions (see 'Interviewers' section above). Finally, I ensured that the interviewers understood the potential consequences of discussing sensitive and distressing topics, and how to manage their own wellbeing as well as that of their participants'. The final report was prepared in accordance with Tong, Sainsbury & Craig's (2007) reflexivity criteria for qualitative research. These issues are discussed in more detail in overall reflexivity statements for data collection and data analysis, and the interviewers' individual reflexivity statements, in appendix 6.

# Results

## Reflexivity

I was acutely aware that my preconceptions and my ownership of the theoretical framework this study investigated may have influenced my analysis of the data. To minimise this impact, I worked with researchers less involved in the study's theoretical background than myself; I documented each phase of the analysis; and I maintained dialogue with my research team throughout. A detailed reflection on this, including my commitment to authenticity and transparency in research and the steps I took to achieve them, can be seen in the Data Analysis statement in appendix 6.

## Quantitative Results

Participants' results on the SPS, PC, and DASS-21 can be seen in table 1. Mattick and Clarke (1998) report a clinical mean of 40 (SD = 16) for the SPS. All participants' SPS scores were at least within one standard deviation below this mean (>24) but most fell above it (see figure 4 below). Participants' experiences of paranoia, as measured by the Paranoia Checklist, were broad-ranging (see figure 5 below). Gawęda et al. (2015) report a clinical mean of 43.61 (SD = 11.42) for the PC. Three participants scored within one standard deviation of this clinical average (≥32). These participants are described as high paranoia. Freeman et al. (2005) report a non-clinical mean of 16.70 (SD = 12.10) for the PC. Five participants scored at least half a standard deviation below this mean (<10.65). These participants are described as low paranoia. Three participants scored within half a standard deviation of this average (10.65 – 22.75). These participants are described as average paranoia.

**Histogram**

Mean = 44.27
Std. Dev. = 11.464
N = 11
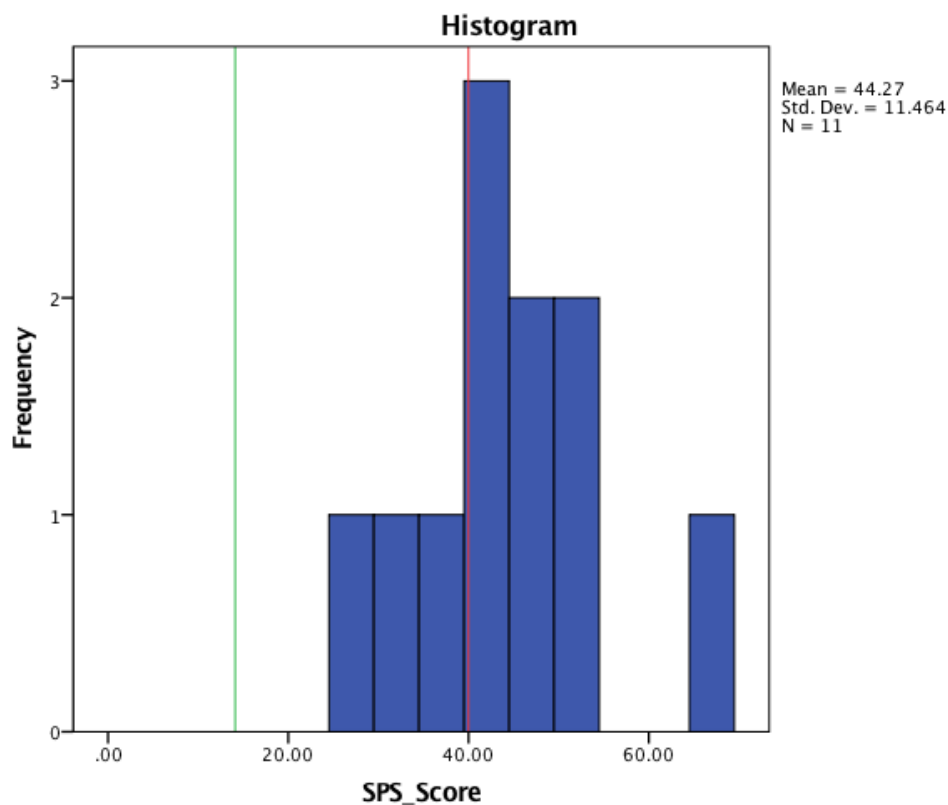
*Figure 4:* Histogram of Social Phobia Scale (SPS) scores. The red line indicates the clinical mean reported by Mattick and Clarke (1998) (40.00, SD = 16.00). The green line indicates the non-clinical mean reported by the same authors (14.10, SD = 10.20).



**Histogram**

Mean = 17.27
Std. Dev. = 15.265
N = 11
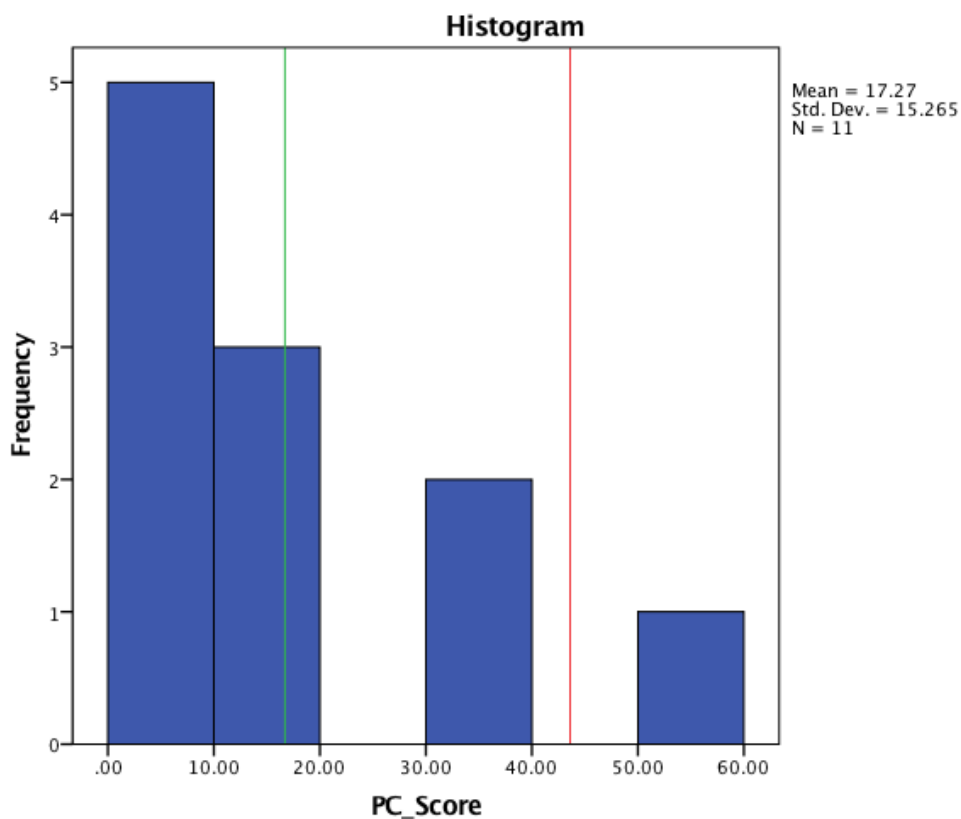
*Figure 5:* Histogram of Paranoia Checklist (PC) scores. The red line indicates the clinical mean reported by Gawęda et al. (2015) (43.61, SD = 11.42). The green line indicates the non-clinical mean reported by Freeman et al. (2005) (16.70, SD = 12.10).

Table 1

Each participant's demographic characteristics, clinical diagnoses, scores on psychometric measures, and the intrusive image

descriptions and frequencies they reported during screening.

| Participant | Gender | Clinical diagnoses | SPS | PC | DASS-21 | | | Intrusive image reported on screening measure | Frequency |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | D | A | S | | |
| 1 | F | ASD | 36 | 30 (High) | 4 | 12 | 11 | Generally they are about getting things wrong in social situations. They are mostly memories. An example could be of a time that I've misunderstood what someone is talking about, making the conversation awkward or embarrassing. | Around once a week |
| 2 | F | GAD | 31 | 14 (Avg.) | 6 | 9 | 9 | Confrontation in public, seeing someone you don't want to see, something bad happen when out in public when I'm on my own. | Around once a week |
| 3 | F | GAD | 42 | 17 (Avg.) | 7 | 6 | 10 | Of people calling me fat, ugly, useless. My family and partner leaving me. The people I love dying. | Around once a week |
| 4 | F | N/D | 27 | 7 (Low) | 5 | 2 | 5 | To do with someone I had an argument with - I visualise this person accidentally sometimes which decreases my positivity. | Every few days |
| 5 | F | N/D | 43 | 1 (Low) | 3 | 11 | 7 | Performing or presenting in front of a group, and being humiliated due to some mistake I make. Equally, being sick in public, or blushing in embarrassing situations are all images that pop into my mind. | Every few days |

| | | | SPS | PC | D | A | S | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | F | N/D | 69 | 6 (Low) | 3 | 5 | 8 | Being ignored [by] people. People being annoyed with me. Social rejection. | Every day or almost every day |
| 7 | M | ASD | 47 | 5 (Low) | 7 | 6 | 10 | During a social situation, imagining what the consequences are to what I say or don't say. | Every day or almost every day |
| 8 | F | SAD, panic disorder and OCD | 54 | 8 (Low) | 9 | 8 | 9 | Usually in social situations, I always think that other people notice me being anxious and distressed. This usually leads to future predictions of how they will treat me, i.e. I picture them laughing at me or thinking it's odd. | Around once a week |
| 9 | F | N/D[1] | 50 | 32 (High) | 7 | 13 | 12 | Sometimes in the form of embarrassing memories. | Around once a week |
| 10 | F | Not sure | 41 | 18 (Avg.) | 2 | 8 | 9 | Mistakes I've made in the past. (Mainly embarrassing) even if they really are irrational and not that bad. | Once every few weeks |
| 11 | F | PTSD, GAD, Depression | 47 | 52 (High) | 10 | 7 | 11 | Being in a room full of people who hate me, passing judgement on me for something really important that will change the course of my life. | Every day or almost every day |
| This sample mean (SD) | | | 44.27 (11.46) | 17.27 (15.26) | 5.73 (2.57) | 7.91 (3.24) | 9.18 (1.99) | | |
| Non-clinical mean (SD) | | | 14.10[3] (10.20) | 16.70[4] (12.10) | 2.12[6] (3.64) | 1.22[6] (1.77) | 3.51[6] (3.78) | | |
| Clinical mean[2] (SD) | | | 40.00[3] (16.00) | 43.61[5] (11.42) | 13.19[6] (9.28) | 12.22[6] (10.20) | 16.57[6] (10.91) | | |

SPS = Social Phobia Scale; PC = Paranoia Checklist; DASS-21 = Depression-Anxiety-Stress Scale-21; ASD = Autism Spectrum Disorder; GAD = Generalised Anxiety Disorder; N/D = No diagnosis; SA = Social Anxiety Disorder; OCD = Obsessive-Compulsive Disorder; PTSD = Posttraumatic Stress Disorder

[1]Particpant had not received formal diagnosis but believed she experienced PTSD
[2]Clinical group means presented for socially anxious samples for SPS and DASS-21, and schizophrenic sample for PC
[3]Mattick & Clarke (1998) [4]Freeman et al. (2005) [5]Gawęda, Krężołek, Olbryś, Turska, & Kokoszka, 2015 [6]Antony et al. (1998)

**Analysis of Image Characteristics (Outside of Main Thematic Analysis)**

This section presents analyses of image characteristics, including sensory modalities, perspective, and associated memories, outside of the main thematic analysis, which focuses on conceptualisations of self and others. This section covers the study's three predictions based on previous research: 1) that images would be primarily visual, auditory, and somatic; 2) that images would be based on negative episodic memories; and 3) that the field and observer perspectives would be equally common, and more common than the fly-on-the-wall perspective.

The images participants reported on the screening measure and the images discussed during their interviews were not always the same. For example, some participants had forgotten which image they specified on the screening measure, and in some cases another image was more salient at the time of the interview. The images participants reported during screening can be seen in Table 1. Summaries of the images discussed during the interviews, and their associated memories, can be seen in Table 2. The subsequent thematic analysis takes into account the interviews as a whole, rather than image content only.

**Sensory modalities.**

All participants' images involved visual components, for example:

```
P8 (Low para): I can picture them like looking at my hands,
or stuff like that, just like looking at my actions or
behaviours.

P9 (High para): I'm watching the people around me and what
they do… I feel like they are watching me.
```

All images involved more than one sensory component. All but one participant (P5) (90.90%) experienced auditory as well as visual elements, and for three participants (27.27% P1, P6, P9), images were predominantly auditory:

> P9 (High para): It's mostly voices, like people shouting.

P2 also mentions the auditory components of her image as a particular source of anxiety:

> P2 (Avg. para): The loud noises, the shouting… that's what
> makes me anxious.

Seven participants (63.63% P2, P5, P6, P7, P8, P9, P11) reported somatic symptoms such as nausea, a knot in the stomach, or a racing heart:

> P8 (Low para): Just then my heart was going just thinking
> about it, I can feel my heart.

and for one participant (9.09%), the image was primarily somatic followed by olfactory:

> P5 (Low para): So my main one… the feeling of when you're
> nervous and you get really clammy hands, and you touch paper,
> and like it's just that idea, when you're really shaky as
> well, and it's like that clammy, shaking paper, like dry
> mouth...
>
> P5: And the smell of dusty rooms almost… and that smell of
> just paint… you can just smell like the really old books…

Four participants (36.36%) reported tactile sensations, including the feeling of sand (P10), smashing glass (P2), heat (P11), and a wooden floor：

> P1 (High para): The floor was wooden and I remember exactly
> how cold it was.

**Associated memories.**

Two participants (18.18%) experienced images that directly represented one particular episodic memory (P4, P11):

```
P11 (High para): So that's a memory… it's quite a vivid
memory.
```

These memories were recent at just one to two years old and were described as very accurate representations of the events concerned. P11's image was slightly distorted in that sunshine was experienced within the image as a spotlight, which she believed represents her being under pressure:

```
P11 (High para): Feels more like a spotlight rather than
actual sunshine coming through the window… Because I was
under the spotlight in the metaphorical sense.
```

When asked about links between their images and specific episodic memories, most participants spoke about the origins of their social anxiety more generally. Four participants (36.36%) reported that their anxiety originated in specific events, even though these particular events were not reflected in their intrusive images. Of these, one participant (P7) identified perceptions of potential conspiracy theories in secondary school as the source of his anxiety, while his image accurately reflects more recent anxiety-inducing social experiences. Another participant (P8) identified a negative experience of public speaking during primary school as the first time she became aware of others noticing her behaviour. She describes having exaggerated her ideas of peoples' responses to her over time, which contributes to her intrusive imagery of similar themes in more recent contexts. P2 described an incident five years prior in which she was physically assaulted by a stranger in the

park. She now experiences general threat-related imagery which is related to, but not directly representative of, this incident:

> I: Do you think that that girl confronting you in the park is what pops into your head? …Or do you think it's more general images?
>
> P2 (Avg. para): It's more general in that it'll be things like 'what if a man comes after me and hurts me?'

P9's anxiety stems from having observed girls in secondary school making unkind comments about others and worrying that people might do the same to her:

> P9 (High para): So they would just pick on people, and it didn't necessarily happen to me… But I would hear them make fun of someone's hair or make fun of the way someone walked, and I think because I heard those things, I always imagined people would do the same to me.

For two participants, anxiety stemmed from difficult periods in their lives, rather than from one specific event. P3's image represented an amalgamation of experiences of bullying during childhood, and featured the distorted, swollen heads of her persecutors in no particular context. P6's image represented feelings of isolation she had experienced since primary school, which culminated in a number of incidents during sixth form. In her image, she is much smaller than the others around her:

> P6 (Low para): It's normally just me in a big group of people and I tend to be quite a lot shorter than the others.

Two participants (P1, P10) reported continually reliving social situations. For P1, who has been diagnosed with ASD, this self-reflection was a way for her to evaluate and improve her social skills, though some difficult experiences were

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experienced intrusively. Her image was slightly distorted from the event in that blame and responsibility are directed at her in the image but were not in reality:

> P1 (High para): I make it seem like the intention was on me
> when it wasn't…

P10's images were unwanted reminders of mistakes she had made in the past:

> P10 (Avg. para): I can think of things from, something stupid
> from when I was 15… I'll relive it and I'll still feel
> embarrassed.

Only P5 did not immediately associate any specific experiences with the onset of her social anxiety. With some thought, she concluded that her anxiety was the result of an accumulation of negative experiences occurring between school and sixth form, such as her parents' divorce and her father having been diagnosed with dementia and PTSD:

> P5 (Low para): I don't think it is like one specific thing
> that happened which like, triggered it, I think it is just
> like an accumulation of stuff.

She also stated that her social anxiety may have stemmed from previous experiences of emetophobia, in that fears of being sick in front of others may have generalised to fears of performing in front of others, or being around others in general:

> P5 (Low para): I would be scared because I don't wanna be
> sick in front of other people… I guess that could have caused
> me being [anxious] in front of other people.

She was also able to liken the context of her image to the room of a university she visited as a school pupil during a particularly anxious time.

**Place in time.**

Six participants (54.54%, P1, P2, P3, P6, P10, P11) felt that their image primarily represented something that had happened in the past, but that they believe affects or could affect them in the present.

> P3 (Avg. para): It's more relevant to my past erm, but it brings up issues in my present.
>
> P6 (Low para): I'd say it's the past but it definitely affects the present.

P4 reported that her image related mostly to the past. P9 described a combination of the past and present, in that she worried something she had observed in the past would happen to her in the present. P7's image reflects things that happen to him in the present but is associated with a past memory. Two participants (18.18%) described their image as being 'outside of time'. P5's image constantly updates to reflect her present self but represents concerns about the future. P8's image is not associated with any particular place in time:

> P8 (Low para): I would say it is outside of time because I can't see it happening in the future and that specific situation hasn't happened in the past… so I would say it is just a possibility… but it still worries me.

P11 associated her image with her past, present, and future. The event happened in her past but is affecting her present self and will affect the course of her future.

**Image occurrence.**

All participants but one (90.90%) reported experiencing their image when in social situations. These situations included meeting new people (P3, P5, P7),

confrontation (P3), situations similar to those within their images (P2, P4, P5, P9, P10), or when thinking about or planning such situations (P2, P11). Seven participants (63.63%, P1, P2, P3, P4, P5, P6, P10) reported experiencing their image when they were alone and/or unoccupied, most commonly when lying in bed at night (P2, P4, P5, P6, P10). Six participants (54.54%) (P3, P4, P6, P7, P9, P11) reported experiencing their image when they were in a low mood (P4, P6, P7), or when feeling anxious, angry, or sad (P3), self-conscious or worrisome (P9), or tired (P4, P11). Two participants (18.18%, P4, P11) reported experiencing their image at completely random times.

### Image perspective.

All participants reported experiencing their image in the field perspective, but most participants (8, 72.72%) experienced more than one perspective. Just four participants (36.36%, P4, P6, P7, P8) experienced their image in the field perspective only. P7 couldn't identify the perspective of his image, but it was judged by the research team to be in the field perspective.

The field perspective was the dominant perspective for all but two participants. P3 experienced the field and fly-on-the-wall perspectives equally (but the image always began in the field perspective), and P10 experienced the fly-on-the-wall perspective predominantly.

The remaining five participants (45.45%) experienced predominantly field perspective imagery which occasionally switched to another perspective. P2 described her image 'flitting' between perspectives, and P1 described a gradual transition from the field perspective to a viewpoint behind her own body. P5 reported

occasionally experiencing her image in the observer perspective, but this was associated with lower levels of anxiety:

```
P5 (Low para): It is more often [field perspective] but I do
sometimes get it when it is third person. But I get more
nervous when it is first [person] than when it is third
[person] I think.
```

Interestingly, two participants reported using the fly-on-the-wall perspective as a coping mechanism. P9 experienced all three perspectives. Her image began in field, then became observer, and then she actively made it fly-on-the-wall to reduce her anxiety:

```
     P9 (High para): I switch between the three. So like,
first it kicks in like myself walking in and then like 'oh
they are looking at me'… So it is from my personal point of
view. Then it switches to like, what they must see, so, they
must see me walking down the aisle, all nervous. So it
switches to like, someone else, kind of thing, allowing me to
view both… it's a thing that I do to calm myself down a bit.
```

Similarly, P11 reports that viewing her predominantly field perspective image from the fly-on-the-wall perspective enables her to dissociate herself from her image:

```
I: So when do you tend to see it through fly-on-the-wall?

P11 (High para): Um, if I'm trying to depersonalise from it…
So I'm trying to be objective about what I'm remembering… So
take my emotions out of it… I try and take myself out of the
situation…
```

Table 2

Image descriptions, perspectives, associated memories, degree of distortion, and degree of associated emotionality.

| Participant | Intrusive image discussed during interview | Perspective | Associated memory / memories | Distortion | Sadness | Anger | Embarrassment | Shame | Anxiety | Disgust | Suspicion | Threat |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | With her boyfriend and a group of his friends whom she does not like. A girl is crying and she feels responsible. | Field, then fly-on-the-wall | Same situation as intrusive image. | 15 | 57 | 50 | 75 | 59 | 73 | 36 | 12 | 60 |
| 2 | Men fighting in a nightclub. General chaos, shouting, and swearing. Glass smashing against her leg. | Field, then fly-on-the-wall | Physical assault in the park by a stranger when she was 14. Fights she has witnessed in nightclubs. | 72 | 24 | 54 | 58 | 44 | 62 | 24 | 62 | 76 |
| 3* | The faces of her childhood bullies calling her names. | Field and fly-on-the-wall | Numerous incidences of bullying throughout childhood. | | | | | | | | | |
| 4 | A colleague walking past her and giving her a 'dirty look'. | Field | Same situation as in image. Also associated with several instances of deliberate targeting, including saying things behind her back and confronting her. | 9 | 25 | 61 | 25 | 22 | 40 | 79 | 31 | 22 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | Looking down at her trembling hands holding a piece of paper, about to give a speech in an old, musty, empty lecture hall. | Field, occasionally observer | No specific memory, but associated with her parents' divorce and father's diagnoses of dementia and PTSD. Lecture hall in image was visited during a school trip on a day she felt particularly anxious. | 10 | 0 | 10 | 50 | 0 | 100 | 0 | 0 | 0 |
| 6 | In a big group of people, looking up at them as she is much smaller than them. They are laughing. | Field | No specific memory, but a general feeling of not fitting in since primary school, culminating in a series of experiences during sixth form. | 43 | 73 | 40 | 82 | 30 | 84 | 0 | 0 | 50 |
| 7 | Walking into another person's flat, worrying about what the strangers inside will be like. | Field | Feelings of being judged in secondary school. Feeling that conspiracy theories may have been spread behind his back. | 20 | 16 | 10 | 39 | 22 | 64 | 7 | 50 | 21 |
| 8 | In a lecture theatre, a friend asks whether she is ok and more people turn to look at her, watching her hands shake, smirking and whispering to one another. | Field | A bad presentation in primary school, during which she first became aware of other people noticing her behaviours. | 40 | 75 | 10 | 100 | 60 | 90 | 10 | 35 | 75 |
| 9 | Walking into a lecture theatre and noticing other people watching her. Image switches to their view of her looking nervous, then to a fly-on-the-wall view of both herself and others. | Field, then observer, then fly-on-the-wall | Observing girls at secondary school making fun of other people. | 71 | 78 | 24 | 79 | 50 | 90 | 45 | 50 | 59 |
| 10 | In a situation with friends when she was 14. A boy she was not interested in was showing her affection. Her friends were making fun of her and she was the centre of attention. | Alternates between field and fly-on-the-wall | Same situation as intrusive image, but participant acknowledges that she probably was not the centre of attention in reality. | 40 | 60 | 56 | 73 | 9 | 40 | 88 | 3 | 0 |

| 11 | In a panel hearing, having been accused of things she had not done. Feelings of heat and negative energy coming from her persecutors, feeling of being under a spotlight. | Field, sometimes fly-on-the-wall | Same situation as intrusive image. | 12 | 78 | 80 | 24 | 25 | 73 | 70 | 95 | 94 |

*Image distortion and associated emotionality scores for participant 3 were lost.

**Thematic Analysis**

The previous section analysed the characteristics and phenomenology of the intrusive mental images experienced by our participants. This section covers the main thematic analysis of the interviews as a whole. This analysis aimed to explore participants' conceptualisations of self and others in relation to their social anxiety, in accordance with the proposed importance of both self-focused and other-focused fears outlined in Chapter One. A total of 11 major themes were identified within the data. Four themes fit within the overarching category of self-focused anxieties, and five themes pertained to other-focused anxieties. Two themes related to the general experiencing of intrusive imagery and social anxiety, and thus fell outside of these categories (see figure 6 below). Extracts within each subtheme can be seen in appendix 5.

Other-focused anxieties

Self-focused anxieties

**1. Attribution to self**
- 1.1 Making a mistake
- 1.2 Self-blame
- 1.3 Attributing anxiety to self

1.4 Relieving self-blame

**2. Self-evaluation**
- 2.1 Not meeting own standards
- 2.2 Experiencing intrusive imagery / anxiety
- 2.3 Reflecting on social performance

**3. Being evaluated by others**
- 3.1 Being judged by others
- 3.2 Being observed
- 3.3 Ideas of reference
- 3.3 Others knowing things about self

3.5 Preventing negative evaluation

**4. Negative self-concept**
- 4.1 Perceived social inadequacy
- 4.2 Unfavourable comparison
- 4.3 Being different to others

4.4 Managing inadequacies

**5. Attribution to others**
- 5.1 Attributing negative events to others
- 5.2 Attributing anxiety to others
- 5.3 Others causing negative self-evaluation

**6. Evaluating others**
- 6.1 Generalising
- 6.2 Hypervigilance
- 6.3 Suspiciousness

**7. Persecution and threat**
- 7.1 Social harm and threat
- 7.2 Personal harm and threat
- 7.3 Physical harm and threat
- 7.4 Unfairness
- 7.5 Deliberate targeting

7.6 Reacting to threat

**8. Power**
- 8.1 Lack of control
- 8.2 Isolation
- 8.3 Dominance

8.4 Weakness and vulnerability

**9. Negative concept of others**
- 9.1 Negative attributes of others
- 9.2 Others having negative intentions
- 9.3 Others being untrustworthy

Experiencing and coping with intrusive imagery and anxiety

**Experiencing imagery and anxiety**
- 10.1 Rationalising
- 10.2 Possibility of feared events
- 10.3 Catastrophising
- 10.4 Impact of intrusive imagery
- 10.5 Emotional reactions

**Coping with imagery and anxiety**
- 11.1 Distraction
- 11.2 Social support
- 11.3 Positive thinking
- 11.4 Dissociation

*Figure 6:* Diagram of themes, subthemes and overarching categories. Potential causal relationships between themes are indicated in grey.

**Category 1: Self-focused anxieties.**

Themes within this overarching category were self-focused. Participants' thoughts, feelings, and anxieties within these themes may involve others, but are primarily self-induced or self-directed. Self-focused anxieties were evident across all interviews and were not determined by participants' levels of paranoia nor the perspective of their intrusive imagery.

***Theme 1: Attribution to self.***

Theme 1 comprises participants' experiences of holding themselves accountable for negative events or situations, or for their own anxiety in social situations.

*1.1 Making a mistake.*

6 participants, 11 codes

Participants described anxiety due to having made particular social mistakes, or fearing that they will make mistakes in social or performance situations:

```
P5 (Low para): So standing in front of people and getting
something wrong, and then losing my train of thought and not
then not knowing what I was talking about…

P7 (Low para): Mmm its only very subtle, episodes of
depression, where you might just feel low, and where you are
quite reflective and where so of the images of where you have
screwed up in social situations may reoccur and that might
make you feel really down about yourself…
```

*1.2 Self-blame.*

7 participants, 10 codes

Participants also described a more general, self-directed blame for negative experiences. One participant described blaming herself for her poor social performance:

```
P5 (Low para): Just the fact that I know I can do better, and
it is just like, why because when you know you can do better
and you are not doing it, it is like why am I being like
this? There is no reason for it and it is just like, oh it is
just me? And it doesn't make you feel good.
```

Others felt that their actions, or inaction, were the cause of negative situations:

```
P11 (High para): I liked to be liked. I don't want to be
someone who people dislike. Um, and so to know that people
have that level of um, anger and distrust and all that of me
or that I've caused them to feel like that, that really
upsets me.

P10 (Avg. para): I think it's more situation about getting
myself in that situation and being a push over and letting my
friends interfere.
```

*1.3 Attributing anxiety to self.*

2 participants, 4 codes

Two participants described being the source of their own fears, and experiencing anxiety and embarrassment surrounding their selves and their behaviours:

```
P8 (Low para): I think it is myself, like always being aware
of my behaviour, so that is what makes me like think of this
image all the time, because I am consciously thinking of how
my behaviour will be viewed by others, but it is not really
to do with them if you know what I mean… like I don't ever
think that I feel anxious because of them, I feel anxious
because of my own behaviours.
```

> P9 (High para): Normally, after being embarrassed it turns to
> like being ashamed. I know there are two points of view. One,
> 'why did you think like that?' kind of thing. Like don't do
> that to yourself kind of thing. And the other part was like
> 'ooh, maybe I did something embarrassing.' like, hide your
> face, kind of thing. Like, shrink.

*1.4 Relieving self-blame.*

1 participant, 2 codes

Though she attributed her negative social experiences to her own shortcomings and proneness to making mistakes, one participant described how shifting the blame from herself to others relieved some of her self-hatred:

> P1 (High para): Yeah, just after I've done the thing, their
> actual reaction that they give and then me processing the
> reaction and thinking like "wow ok, that was…". I mean I know
> it's kinda my fault that it happens but I don't know, I kind
> of just want to blame other people.
>
> I: So, would you say that the… ok how can I phrase this
> question… Would you say that you're feeling more that they
> should be more tolerant of you, or that you shouldn't have
> acted like that? Or would you say it's more 50:50?
>
> P1: I think it's more like 80:20 that I should probably work
> on it, I mean it's not up to them. I'd probably react in the
> same way… but I think I'm just trying to put blame on other
> people so that I don't hate myself.

**Theme 2: Self-evaluation.**

Participants described evaluating themselves in negative ways, both in general and in social situations. This evaluation included setting social standards for themselves, reflecting on experiences of imagery and anxiety, and reflecting on their performance in social situations.

*2.1 Not meeting own standards.*

4 participants, 9 codes

Some participants described setting expectations for themselves or putting pressure on themselves to be or act in a certain way. Participants then evaluated themselves based on these expectations and standards of behaviour:

```
P5 (Low para): I mean because I am not being the best I know
I can be, just not living up to your own expectations as much
as not living up to other peoples' expectations and that just
makes me really anxious like you are not only disappointing
other people, you are disappointing yourself, and that is the
worst feeling.

P1 (High para): I like to think that I'm the kind of person
who would help someone but I don't really know how. So I
guess I'm ashamed that I didn't know how, or that I just
didn't try.
```

*2.2 Experiencing intrusive imagery / anxiety.*

4 participants, 6 codes

Participants also metacognitively evaluated themselves in terms of their experiences of intrusive imagery and / or anxiety:

```
P2 (Avg. para): I'll just be lying there and I'll be quite
happy thinking of nothing in particular and then it'll be
like "oh but you're going to die though" and it makes you
feel like a bit of a freak.

P5 (Low para): …when it happens I am always like 'oh really
again?' so it makes me feel like, kind of annoyed at myself
for like thinking it…
```

*2.3 Reflecting on social performance.*

3 participants, 6 codes

Some participants' experiences of self-evaluation involved reflecting on themselves and their actions within social contexts:

```
P4 (Low para): Yeah, just after it all happened I started to
look a bit more inwardly and thought about I could have
handled it differently, like maybe it was my fault.
```

P1 used this form of self-evaluation as active and effortful social learning, which she feels is necessary to improve her substandard social skills:

```
P1 (High para): I do a lot of like reflecting on social
situations because that's kind of how I learn them, rather
than just automatically knowing…

P1: I've got to think about it and learn from it and evaluate
it.
```

### Theme 3: Being evaluated by others.

Participants were highly concerned with how others would evaluate them. Almost all participants feared others judging or having negative thoughts about them. For most participants, being watched, observed, talked about or laughed at was a major source of anxiety. This often led them to attempt to prevent or avoid negative evaluation wherever possible.

*3.1 Being judged by others.*

10 participants, 45 codes

All but one participant feared being judged by others. As well as being judged specifically, this large subtheme encompassed being misunderstood by others, fear of negative evaluation, and negative estimations of others' thoughts and feelings towards the self.

```
I: What does this mean to you the idea of them judging you?

P5 (Low para): Well it is sort of like having an expectation
and then, I feel like if you don't live up to someone's
expectation, you're kind of physically letting them down, and
I am just there like 'I can't stand letting people down' or
not being what they want or expect.
```

Some participants felt that they would be negatively judged by others because they did not meet their social standards. P1 acknowledged overestimating these perceived social standards:

> P1 (High para): I mean, I think that in the situation I
> actually thought that people wanted me, were focusing on me,
> to help but in reality they probably weren't. I mean why
> would they? That doesn't really make sense for them to be
> doing that.

Some participants directly expressed their fears about being evaluated by others in a negative way, which could cause them to be rejected socially:

> P6 (Low para): I have erm, an immense fear of people being
> annoyed at me, erm, hate it, so [pause] I'd literally rather
> people-please than people being annoyed at me.

> I: So you do have some concerns about how other people do
> perceive you?

> P8 (Low para): Yeah, the main worry is that you might not be
> able to keep those friendships with those people because they
> see you in that way.

Other participants felt that others already did perceive them in a negative way:

> P11 (High para): Yeah. I [pauses] more animosity and more um,
> true hatred I could feel that people were feeling for me. And
> the feeling of not being wanted, not being valued, not being,
> um, appreciated.

> P3 (Avg. para): People I think like and love me don't, they
> think those things about me and think I'm a bad-tempered
> person.

*3.2 Being observed*

8 participants, 38 codes

Closely linked to fears of being judged by others were experiences of being watched or observed, or of being the focus of others' attention. For most participants, being observed indicated that they were most likely being evaluated by others. The idea that others may notice unusual behaviours or anxiety symptoms was particularly distressing:

> P10 (Avg. para): Ok. Well I really don't like being the
> centre of attention at all. So that really, that makes me
> uncomfortable. And, I mean, I have loads of reoccurring
> thoughts and memories but this is just one of many, this is
> one that I could think of. But, yeah, it's just I don't like
> it when I feel like everyone is looking at me…
>
> P11 (High para): It makes you feel like there is somebody
> always watching you.

For some participants, the thought of others picking up on their behaviours was especially distressing if they felt their behaviours may not be 'normal':

> P8 (Low para): Usually when I'm in a social situation, I
> always have these like thoughts, where people are noticing my
> behaviour, so like in my head I am thinking, just act
> normally, like be calm and I always think they're gonna pick
> up on certain things I do and like point it out in front of
> everyone…

Some participants found the idea of being evaluated by others due to their anxiety symptoms particularly anxiety-inducing. Somatic anxiety symptoms therefore increased participants' anxiety which then worsened their symptoms, locking them in a vicious cycle:

> P8 (Low para): Oh other people? Yeah, I think they might
> notice like my hands trembling and like, in my head I am just
> focusing on not trembling my hands and I usually picture them
> like making fun of me, and stuff like that, telling other
> people about it and stuff.

```
P5 (Low para): I think the shaking is the worst bit about it
because that is what starts I think because you are shaking
it makes you more nervous [quickens speech] and more anxious
and you get clammy hands and you are like 'oh god can people
tell that I am shaking?'
```

### 3.3 Ideas of reference

6 participants, 13 codes

Driven by their anxiety around others' perceptions of them, participants were acutely aware of indicators that they were being evaluated by others. These ideas of reference included perceptions of being talked about and laughed at:

```
P8 (Low para): Yeah I can see my friends and picture them in
a lecture or whatever just like whispering to the next
person, and I can just see them like smirking, or like making
fun or something.

P9 (High para): And they're not necessarily laughing at me,
but maybe someone starts laughing. I always have that little
self-conscious point in the back of my head saying 'oh, they
are laughing at me' 'oh, I might have something on my face,
or I might be walking funny'.
```

### 3.4 Others knowing things about self

2 participants, 2 codes

Linked to fears about others noticing anxiety symptoms, the thought of others knowing their feelings was particularly distressing for two participants:

```
P6 (Low para): Erm, I feel like they're, laughing, at me,
they're aware that I'm not feeling great I suppose, and
that's embarrassing.
```

```
I: So what I take from that is that it is the idea that
people are noticing how you are feeling, is that right?

P8 (Low para): Yeah I would rather not everyone know and make
a big scene out of it.
```

*3.5 Preventing negative evaluation*

6 participants, 22 codes

Participants described engaging in safety behaviours they believed to lessen the chances of being evaluated by others in a negative way, monitoring themselves and their behaviours, or avoiding specific situations in which they might be negatively evaluated. For some participants, this involved hiding somatic anxiety symptoms:

> P7 (Low para): I try to keep them subtle I even put my hands behind my back or something like that [places arms behind back] or, put them down there like that [places arms by side out of interviewer's view].

One participant engages in an almost ritualistic routine in feared situations. She indicates that any deviation from her routine would draw attention to herself and cause her to be evaluated by others:

> P9 (High para): I always keep my phone away before I walk into the lecture theatre. I walk in, straight to my seat, because I have a seat that I will sit on as well so I go straight to that seat and sit down, bring out my book, fold my coat up, and that's it. So yeah, I avoid doing anything that I wouldn't normally do. And that's like throughout the whole lecture. You know those people who bring out their phone throughout the lecture and stuff, I always go to do it and I'm like 'nope, don't do it, people are going to watch you from behind', things like that.

Some avoided university lectures and social situations altogether due to fears of evaluation:

> P9 (High para): I did last year like close myself off, stayed in my room, avoid people, like, cook meals at awkward times and don't run into anybody. Things like that, to avoid the situation kind of things.
>
> P8 (Low para): I have had times where I have missed lectures because I have felt anxious and I don't want to be around so many people…

Finally, some participants reported constant self-monitoring in social situations, in order to gain more control over how they are seen by others:

> P8 (Low para): It makes me more self-aware of my behaviour, it makes me control my behaviour more, and I notice my behaviour a lot and I am always thinking about it, and how I am coming across to other people.

### Theme 4: Negative self-concept

Almost all participants indicated that they held a negative self-concept by describing negative self-beliefs, negative self-perceptions pertaining to social inadequacy, and negative comparisons to others or social standards. Participants often tried to hide or compensate for their perceived shortcomings.

#### 4.1 Perceived social inadequacy

6 participants, 32 codes

Some participants described perceiving themselves as socially inadequate, marked by a general lack of faith in their ability to perform in social situations:

> P1 (High para): Well a main one, a general one, is that I feel like I'm bad at socialising and stuff. And that it's going to hold me back from things I want to do… which is quite bad.

For some, this was linked to a lack of control over their anxiety:

> P8 (Low para): I am like very stressed, like very stressed, I am usually quite upset, but upset with myself because I can't control it.
>
> P7 (Low para): …why you are so nervous, that's what I am asking myself, but sometimes it is hard to sort of control…

#### 4.2 Unfavourable comparison

6 participants, 16 codes

Several participants reported perceiving themselves as inferior to others or below general standards of 'normality':

> P7 (Low para): Well I feel that the other people are sort of slightly, I wouldn't say superior but just um, [exhales deeply] I can't explain it but they are just, I just feel as though they might be in some shape or form, sort of a little bit better than me in terms of being socially able, or something like that.
>
> P9 (High para): Um, I always view people like above me, I don't know why, it's a very silly thing.
>
> P8 (Low para): I feel like, upset because, I just wish that, it is hard to explain, I wish that I don't act the way I do, so I am like upset with myself, for the way that I act, and I always that, I wish that I didn't act in this way, I could just be like everyone else.

## 4.3 Being different to others

4 participants, 6 codes

Some participants' self-concept pertained to being fundamentally different to those around them, be that physically, mentally, or emotionally. P6 recalls being ostracised in early childhood, which she attributes to her being different to her peers:

> P6 (Low para): I dunno maybe primary school, but, never, I never felt like I fitted in in primary school, I always felt like I was a lot older than the others, even though I wasn't. And looking back now I think I probably was, I think I matured fairly quickly. [Pause] I, I started my period before everyone else, and everyone else was still playing hopscotch and I was, I dunno, not [mumbles] I do feel like I matured very quickly compared to the other girls in my year and I always felt like I kind of got on with the guys more than the girls, so was then ostracised by the girls.

Participant 7 describes feeling as though he is an outsider, not belonging to the group he calls 'normal people':

> P7 (Low para): Umm, I would say that my beliefs about other people in terms of, thinking about the image, I would just

```
think that they're normal people, with not a lot of, umm not
a lot of issues, not a lot of social anxiety, which I can't
judge because I don't have any evidence for it, um because I
don't know what is reality for them but I think that they're
a group of people, and I am the single person trying to fit
into the group of people. Do you know what I mean?
```

## *4.4 Managing inadequacies*

4 participants, 8 codes

Driven by their negative self-concept, some participants reported engaging in behaviours to compensate for, hide, or minimise the impact of their inadequacy. For some, this meant strict self-monitoring:

```
P1 (High para): I mean like when I'm in a situation and I'm
not looking at people's faces I'm like "no, look at their
face".
```

Other participants avoided situations in which they felt their shortcomings may be highlighted, or exposed to others:

```
P10 (Avg. para): I'm not very good talking about things, I
think, that revolve around me? That aspect? Like, I love
asking [my boyfriend] questions, I'm a nightmare! I'll ask
loads and loads to him, but when he starts asking me personal
questions, I get a bit like 'oh, I don't want to tell him
about this stuff, I don't want to start talking about that'.
```

One participant actively sabotages her own university presentations so that, if she perceives them to have been unsuccessful, she can attribute her failure to lack of preparation rather than lack of ability. Driving this is her desire to hide her perceived inadequacy from her peers:

```
P5 (Low para): I won't ever practice it I will just wing it
on the day, because then I will almost like have a reason,
for why it would go wrong, so if they were like oh, why don't
you think it went well I would be like, oh well I had a late
night, didn't really prepare very well, I mean I could do
better if I had tried, but I would deliberately not try
```

```
because that is always a reason. So it is like, oh I am just
not putting enough effort in, for you to see what I am really
like…
```

## Category 2: Other-focused anxieties

Themes within this overarching category involve participants beliefs, feelings and anxieties around their perceptions of others. Perceptions of the self also fall within this category if they are directly caused by others. Just like their counterpart, other-focused anxieties were represented in all interviews and did not depend upon paranoia levels nor image perspective.

### *Theme 5: Attribution to others*

Participants often attributed events to others rather than themselves. Usually, this did not relieve distress as others were commonly identified as the source of participants' anxiety. In some cases, others were also identified as the cause of negative self-evaluation.

*5.1: Attributing negative events to others*

5 participants, 17 codes

Some identified others as the clear cause of specific negative events that caused them distress. For example, P2 was made anxious by others' violent behaviour:

```
P2 (Avg. para): The whole of it makes me angry, because it
makes me angry that someone would ruins somebody's night by
doing that. And I just think that we were having a nice time
and now it's ruined thanks to those people. So the whole kind
of thing makes me angry.
```

*5.2 Attributing anxiety to others*

4 participants, 6 codes

Several participants identified others as the cause of their anxiety more generally. For P2, this was because of negative past experiences she had attributed to others:

> P2 (Avg. para): Yeah because of that and the other stuff
> that's happened in the past, like with that girl in the park
> that was kind of out of nowhere, I kind of just assume that…
> people can make me anxious sometimes if they're doing
> something a bit out of the ordinary.

The source of P7's anxiety was more complex. He describes anxiety surrounding others' intentions towards him, but also acknowledges his own perceived inadequacies as a potential cause of social persecution:

> P7 (Low para): It is mainly on the others I think, there is a
> bit of myself involved in terms of how paranoid I get, in
> terms of what other people are doing behind my back that is
> what you sort of worry about…

> P7: Well what I mean by anxiousness is, literally I am just,
> I am worried that other people might think of me as not being
> socially able and therefore not include me in their group, or
> something like that

### 5.3 Others causing negative self-evaluation

2 participants, 3 codes

Though P4 and P11 experienced self-doubt, this evaluation was not self-induced, but directly caused by others whose behaviour towards them led them to question themselves:

> P4 (Low para): Well because she's giving me the dirty look
> that implies... when you see that from the first person and
> someone looks at you like that it's like you've done
> something wrong. So just the look in itself makes me feel
> like I've done something, even though I don't think I did.

```
P11 (High para): So like their decision had already been made
regardless of what I would have said or they were already
going to go 'oh well we're going to do this' because it would
be the easiest thing to deal with or make me feel like I had
done something slightly wrong, do you know what I mean?
```

### *Theme 6: Evaluating others*

There were clear patterns in the ways in which participants evaluated others. They were vigilant of others to facilitate thorough evaluation, were generally suspicious of others' intentions, and often generalised their evaluations.

*6.1 Generalising*

6 participants, 12 codes

Generalising was a common theme across participants' experiences. Participants often attributed the perceived negative thoughts and intentions of one group or individual to other people in general:

```
P2 (Avg. para): Especially the men in this image, they're
just after a fight, they're not fighting because of anything,
they just want to fight people. And I kind of feel that way
about people in general…

P11 (High para): It made me feel like I had no trust in
institutions, I had no trust in processes that could happen.
No trust in official processes, I'd lost all trust in anyone
in authority.
```

P9 observed a group of girls targeting and making cruel comments about others. Though they did not target her, she generalised their negative intentions to others who might:

```
P9 (High para): But I would hear them like make fun of
someone's hair or make fun of the way someone walked, and I
think because I heard those things, I always imagined people
would do the same to me.
```

Interestingly, only P4 described evaluating only the specific individuals involved in a negative experience, and not generalising her conclusions to others:

> I: Ok, and do you think that that's transferred or had a
> knock-on effect to wider people in general? Or do you think
> it's just changed your opinion about those specific people?
>
> P4 (Low para): Yeah, just those people. Like with other
> people I wouldn't assume are all like that.

### 6.2 Hypervigilance

4 participants, 7 codes

Participants often reported being vigilant of others. This involved an acute awareness of others' actions and placing particular importance on the location of others relative to themselves. P2 described being hyper-aware of others around her in order to assess potential threat:

> P2 (Avg. para): I'm very aware, in the image, that I'm on
> high alert and looking for if this happens and then it does
> happen. So it kind of just makes me suspicious of everybody,
> particularly very loud people. I'm very aware, even when I do
> go out, I look around and am very aware of who's drunk or
> who's being quite loud.

P9 also reports awareness of others' behaviours towards herself:

> P9 (High para): …I'm watching the people around me and what
> they do, like whilst I'm going to sit down, stuff like that.
> Also, I feel like they are watching me.

*6.3 Suspiciousness*

4 participants, 8 codes

Closely linked to the subtheme of hypervigilance is that of suspiciousness. Participants reported feeling suspicious about the intentions underlying the behaviours they were observing in others:

> P7 (Low para): I am suspicious of what other people are doing, whether they are making subtle judgements or not, and if the person sort of keeps looking at you like that in the corner, you would get a little bit suspicious of what they are actually thinking about you, or a little bit paranoid is a better word, but suspicion comes into that as well
>
> P9 (High para): I always kind of think about what they could be thinking or why they are looking at me. Or like why they are turning their heads at me, little things like that.

## Theme 7: Persecution and threat

Participants described perceptions of social, physical, or personal harm or threat from others, and feeling as though they were deliberately targeted. Usually, these perceptions were associated with a general sense of unfairness.

*Theme 7.1 Social harm and threat*

8 participants, 24 codes

Participants' perceptions of persecution most commonly pertained to social harm and threat, such as lowering of social status or being rejected by others. For P3, this involved early experiences of childhood bullying and name-calling:

> I: Ok. So would you say that that image of you being bullied is something you still think about and-
>
> P3 (Avg. para): I think it's more the names.
>
> I: Ok. So what sort of things?

```
P3: I think it started off with being called scab and erm
like horrible, and then as I got a bit older it was fat and
things like that.
```

For other participants, perceptions of social threat centred around fears of rejection:

```
P7 (Low para): Well what I mean by anxiousness is, literally
I am just, I am worried that other people might think of me
as not being socially able and therefore not include me in
their group, or something like that.
```

### 7.2 Personal harm and threat

3 participants, 14 codes

Some participants reported feeling threatened personally rather than socially.

For example, P4 sees a negative situation with others as a threat to her self-esteem:

```
P4 (Low para): So that makes me feel when I think back to
how… not how I dealt with it because I think I dealt with it
well, but it still makes me feel worse about myself than how
I feel now.
```

P11's self-concept and moral integrity were threatened by her experiences of being

unfairly persecuted by others:

```
P11 (High para): The feeling small, I'm quite a confident
outgoing not nervous kind of person, and so for me to feel
small is all the opposite of those things. I felt nervous, I
felt anxious, I felt like I could sit there and cry, I felt
all sorts of different things. It was not um, the complete
opposite to what my character is basically, being small is,
is completely taking myself and shredding it up into little
pieces.

P11: And it was to um, see whether if I was working
unsupervised or not which is like a big thing within medical
things so, but I wasn't working unsupervised but they accused
me of it.
```

P11 also felt that her future was under threat:

> P11: It's not just a university thing, it would have stayed
> with me my entire life. So, it makes me feel exceptionally
> threatened because I wouldn't have been able to have the same
> opportunities as my fellow colleagues at getting the jobs or
> getting perhaps mortgages and I would be supressed throughout
> my life with it.

### 7.3 Physical harm and threat

2 participants, 11 codes

Two participants reported experiences or fears of being physically harmed. P2's fears concerned physical or sexual assault, and were linked to a perceived power imbalance between herself and her potential attackers, and a self-concept pertaining to vulnerability:

> P2 (Avg. para): It's more general in that it'll be things
> like "what if a man comes after me and hurts me?" because
> again I am small. "What if he hurts me in a different kind of
> way?" or "what if it's sexual or something like that?"

### 7.4 Unfairness

7 participants, 18 codes

Participants usually experienced threat with a sense of injustice. Others were perceived to have acted unfairly and participants generally felt that they were undeserving of persecution. P11 and P2 placed particular importance on their innocence when describing their experiences:

> P11 (High para): So I was, it was a previous university
> actually and I was undergoing a fitness to practice procedure
> for something I didn't do, and it took 15 months instead of
> 20 working days.
>
> P2 (Avg. para): Right, she came up to me and she said "did
> you call my sister a ****?", that's what she said. And I have

> no idea who this girl is, I've never met her before in my
> life, I've never seen her, I don't know who her sister is. So
> I just said "no, no…" and basically she was after a fight and
> I'm quite small, and I was still smaller as I was a lot
> skinnier back then, and she just basically beat the crap out
> of me for no reason whatsoever.

Extracts in this subtheme fall in contrast to those within theme 1 (attribution to self). If participants attributed negative situations or anxiety entirely to themselves, then instances of social threat were not associated with others behaving unfairly. This is exemplified by P1, who shows empathy with others when identifying her own perceived inadequacies as the cause of negative social interactions:

> I: So, would you say that the… ok how can I phrase this
> question… Would you say that you're feeling more that they
> should be more tolerant of you, or that you shouldn't have
> acted like that? Or would you say it's more 50:50?
>
> P1 (High para): I think it's more like 80:20 that I should
> probably work on it, I mean it's not up to them. I'd probably
> react in the same way…

However, P1 later describes a separate incident with a sense of unfairness, indicating that perceptions of responsibility and fairness are dynamic and may be situation-specific:

> P1: He agreed months ago to be in her little film thing they
> have to do, and that was 4 months ago, it was ages ago so she
> had ages to do this. And so in the Christmas holidays I was
> home for the first time in ages and it was our last weekend
> together and then she decided to arrange it and I was like
> "no".

Similarly, P7 sometimes describes his experiences with a sense of responsibility, and at other times with a sense of others being unfairly critical despite his efforts:

> P7 (Low para): It depends how I come across as a person if I
> felt like I haven't come across as a person they sort of
> like, uh then I certainly don't feel like I'd fit into the
> group. Yeah.

> ```
> P7: Just being paranoid due to the fact that others might be
> judging you for who you are, even though you try to be sort
> of a normal person. Which you have always tried to be.
> ```

Others concurrently attributed their anxiety to their own perceived inferiority and perceived others as behaving unfairly towards them. P9 sees herself as below others, but also feels that others treat her unfairly:

> ```
> P9 (High para): Um, I always view people like above me, I
> don't know why, it's a very silly thing. But I always view
> them like above me, and I always try to adopt the respect
> point of view. Like, 'respect them, you want them to respect
> you' kind of thing. So, don't do anything to, I don't know,
> make anyone feel bad or do anything to hurt somebody or
> something. So, but, sometimes I don't feel like they
> necessarily would do the same to me kind of thing. So, in
> some ways, like I do feel people are like, not out go get
> you, but kind of like that, you know what I mean? Like they
> don't have the same views as I do kind of thing.
> ```

### 7.5 Deliberate targeting

7 participants, 13 codes

Some participants placed particular importance on the fact that they were being purposefully and deliberately targeted and persecuted by others. For P2, this was linked to feelings of vulnerability and the idea that others will take advantage of her weaknesses:

> ```
> P2 (Avg. para): I equally think about "what if the person is
> just mindlessly just going after everybody?" because they've
> just lost it, and they just go straight after me because I'm
> small or because I'm female. And I feel quite vulnerable most
> of the time anyway, so I kind of feel that some people would
> prey on that… which they would.
> ```

For P11 and P7, perceptions of deliberate targeting were held with such conviction that they believed others have been, or could be, conspiring against them:

```
P11 (High para): That I know I said it was already
predetermined, but I felt like there was a conspiracy. So
things had happened before that meant that people had sort of
liked me a little less, and liked me a little less each time.
And then they saw an opportunity to say 'we can get her' sort
of thing.
```

```
P7 (Low para): Yes it's sort of a conspiracy theory yes
something like that... Um in terms of the conspiracy theory I
have sort of done something which I would have never done,
which has been talked about, which is just used to sort of um
annoy me...
```

### 7.6 Reacting to threat

9 participants, 40 codes

This large subtheme comprises ways in which participants reacted to and dealt with perceived threat. Though reactions to threat varied, all were grounded in a sense of having to defend oneself against others. P2 describes preparing to use forks and keys as weapons in the face of perceived physical threat. These safety behaviours enable her to face situations she would otherwise avoid, such as leaving the house alone after dark:

```
P2 (Avg. para): I was on holiday and this particular barman
kept talking to me. And it was a very quiet resort, with not
many people there, and for some bizarre reason I got it into
my head that he might try and hurt me. It sounds so stupid
when you say it back, but it made a lot of sense in my head
at the time, and I actually went out for an evening meal and...
oh it's so pathetic... I put a fork in my bag just in case he
was in the room when I got back.
```

P11 felt that her reputation and future career were under threat from others who were conspiring against her. To prevent future threat, she is careful to minimise the possibility of further accusations:

```
P11 (High para): I've now made a conscious effort to um try
and do the best that I can do so nobody can accuse me of
```

```
something so I always like cover my back and that sort of
thing.
```

Participants often responded to threat with anger, which often resulted from feelings of unfairness and injustice. For some, this anger manifested in aggressive behaviour:

```
P11 (High para): Probably because [pauses] when you've been
accused of doing something you haven't done and you are
having to defend yourself, it does make you quite defensive
and quite upset and that can also turn into anger.

P3 (Avg. para): Erm, it depends, if it pops into my head if
I'm on my own then not really I can sort of work through it
but if it's when I'm having an argument with somebody or
something I do tend to get angry and that results in either
lashing out with words or I, not get violent, but I throw
things and things like that.
```

Where possible, participants also avoided potentially threatening situations:

```
P2 (Avg. para): So that, for a long time, kind of triggered
anxiety about going out. It's a lot better now than it used
to be, by miles, it's not perfect now but I can go out on my
own during the day now… but if someone said to me, when it
was dark, "walk to down to the shops on your own" I wouldn't.
```

### *Theme 8: Power*

Participants often referred to perceived power imbalances between themselves and others. Participants felt powerless due to lacking control in social situations, feeling isolated, or feeling overpowered or dominated by others. This led to feelings of weakness and vulnerability.

*8.1 Lack of control*

9 participants, 32 codes

Where participants' anxiety was focused on others rather than the self, being unable to predict or control the behaviour of others was often cited as the source of their distress:

> P2 (Avg. para): …I always think "what if", I think it's probably because it's out of my control I would imagine "what if someone hits me?" or "what if this happens?"
>
> P2: I think it just comes, in the image, it just comes out of nowhere. There's no initial argument, there's no initial you know "you've said this, you've said that", it's just a punch out of nowhere and then it just goes crazy.
>
> P1 (High para): ...when I saw the reaction that I got from it wasn't really what I was planning on. And so it reminds me that sometimes when I socialise I do it wrong and then I'm like "oh, damn [laughs nervously] I'm not good at this"

For some, the more unpredictable people or situations were, the less control they could exert. P6 reports anxiety surrounding meeting strangers:

> P6 (Low para): Erm, I feel anxious because I don't really know [the other people there] and it's not a situation I like to be in so I'm a bit apprehensive of it…

P9 reports anxiety due to not knowing the thoughts and intentions of others:

> P9 (High para): I don't like the unknown. So, what people are thinking about me, what people are looking at me for? Little things like that. So, all those little things like make me feel really nervous and really anxious. They get me going, kind of thing, I feel intimidated almost.

### 8.2 Isolation

7 participants, 28 codes

Most participants described feelings of being alone and isolated. For some, this meant being an outsider, or not fitting in to any social groups. Though this is linked to self-focused anxiety surrounding being different to others, this subtheme

concerns anxiety caused by the perceived power of others, rather than perceived personal inferiorities. Participants often described a 'me vs them' mentality when in social situations:

> P9 (High para): I view them as if they are like a really big group of people. Very big. I'm just one person, I'm kind of alone, very small. Um, and they are laughing at me kind of thing. So it's almost like, you know, like, a threat of power. A power threat.

### 8.3 Dominance

5 participants, 16 codes

Participants often reported feeling intimidated by others they found overpowering or dominating. The power imbalance observed by P2 concerns physical strength, which she feels is particularly apparent between men and women:

> P2 (Avg. para): Like if there's a man doing something in the back of a van and the van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.

Comparably, P6 reports feeling powerless in social situations when she is dominated by others with stronger personalities:

> I: So what specifically in the image makes you feel threatened?
>
> P6 (Low para): The big personalities, I suppose, the, not feeling comfortable
>
> I: Mmmhmm. So it's the idea that other people have bigger personalities than yourself?
>
> P6: Yeah
>
> I: And that's what makes you feel uncomfortable?

```
P6: Yeah

I: So you mentioned that makes you feel threatened?

P6: Yeah I suppose it's quite intimidating I suppose.
```

*8.4 Weakness and vulnerability*

5 participants, 16 codes

Perceptions of powerlessness resulting from feelings of being dominated, being isolated, or lacking control caused participants to perceive themselves as weak or vulnerable. Though related to self-focused themes of self-evaluation and self-concept, perceptions of weakness and vulnerability were always caused by anxiety of others rather than anxiety of perceived personal inadequacies. One participant felt that she was emotionally or psychologically weak due to allowing others to interfere with her life:

```
P10 (Avg. para): I think it's more situation about getting
myself in that situation and being a push over and letting my
friends interfere.
```

P2's perceptions of powerlessness concerned physical weakness. She felt that being female and her small stature made her vulnerable to the negative intentions of others:

```
P2 (Avg. para): That I'm just, I mean I know I'm small, but
that I'm very small and that I'm quite vulnerable and that I
need to get out of there… but I can't get out of there. That
I'm just quite afraid and timid and quiet, which I am all of
those things, but it just makes me feel a bit useless really.
```

P11 reported being deliberately disempowered by others, which made her feel helpless. Several participants associated weakness, vulnerability, isolation and helplessness with feeling small:

```
P11 (High para): They were trying to disempower me. So I
would just give in. The whole process was like that. So being
```

```
sat there with the people who were trying to disempower me
made me feel disempowered.

P11: I feel that there was a predetermination. So they
already knew what was going to happen. So no matter what I
would have said, it wouldn't have changed the course of the
outcome. So that made me feel little.
```

### *Theme 9: Negative concept of others*

Participants often indicated that they held a negative concept of others in general. Some participants attributed specific negative traits to others, while others reported a general dislike or lack of trust. Central to this theme were the common perceptions of others having negative intentions.

### *9.1 Negative attributes of others*

8 participants, 16 codes

Participants' descriptions of their concepts of others were varied, but almost unanimously negative. Participants saw others as careless, hostile, inappropriate, loud, nasty, nosy, persistent, overbearing, obnoxious, unreasonable, aggressive, interfering, or calculating. P8 reported seeing her own friends in this way within her intrusive imagery:

```
P8 (Low para): I picture these people to be, like even though
they are my friends I picture them to be kind of like nasty,
kind of like persistent, when it is obvious that I don't want
to speak about it, I just feel like they want to know, just
quite nosy really… I just feel like they want to know what is
going on and they won't let it go until they get an
explanation, so they're quite nosy because of their own
personality.
```

P1 saw others as intolerant, but acknowledged that she drew this conclusion partly due to being unable to predict their responses to her in social situations, and partly to

relieve some of the blame she put on her own perceived inadequacies for causing

these responses:

> P1 (High para): Well it's probably completely incorrect, well it's definitely incorrect, but it does make me think like "oh people are so intolerant of the way I communicate and the way I react to things". Yeah it just makes me think that they're quite intolerant and, not stupid, but like something along those lines.

### 9.2 Others having negative intentions

6 participants, 19 codes

Central to participants' negative concepts of others was the conviction that

they have or may have negative intentions. Some participants felt that others tend to

have generally negative intentions to hurt people physically or socially:

> P2 (Avg. para): Yeah, I mean I think that they were doing it just to start a fight and be horrible and hurt somebody basically.

> P9 (High para): There were always this group of girls who were like kind of like the popular people or whatever, so they always would do anything and everything to bring people down.

P11 felt that these perceived negative intentions were targeted towards herself

specifically:

> P11 (High para): Just, like, I was having to fight exam results and things like that. It was all sort of. I was having to fight exam results, I was kicked off the course at one point, I had to fight to get back on. Um, I was treated differently.

### 9.3 Others being untrustworthy

3 participants, 5 codes

Three participants reported seeing others as untrustworthy. For P3, bullying throughout childhood caused her to lose trust in others, and to worry that others are being insincere towards her:

```
P3 (Avg. para): Er, I don't trust people erm I think they're
thinking one thing about me but saying another…
```

P10 reports feeling betrayed by friends who deliberately put her in an uncomfortable situation:

```
P10 (Avg. para): …you've left me feeling really uncomfortable
and you've gone off, and you're all giggling and laughing. A
bit betrayed by them. I'd probably say.
```

**Category 3: Experiencing and coping with intrusive imagery and anxiety**

This final overarching category of themes pertains to how intrusive images and anxiety are constructed, understood, experienced, and dealt with by all participants.

***Theme 10: Experiencing imagery and anxiety***

There were several identifiable patterns in the way participants experienced their intrusive imagery and social anxieties, including how they are rationalised, how events are often catastrophised, and how they impact participants' lives.

*10.1: Rationalising*

7 participants, 27 codes

Participants generally attempted to rationalise their fears, though this was seldom successful in reducing anxiety. Instead, the lack of reasoning behind their fears was often a source of more frustration for participants:

```
P5 (Low para): Yeah it is the lack of reason, because it is
such a stupid thing just not being able to perform in front
of people it is like, deep down you know they are not going
to laugh at you, most of the time just sat watching, you
don't really care what is happening [laughs] and it is
actually the same when they watch you, but then you worry
about it, it just makes no logical sense. It is just
completely illogical to feel, the way which I feel in the
image.
```

## *10.2 Possibility of feared events*

5 participants, 14 codes

Though participants saw their fears as irrational and unlikely to occur, the mere possibility that they could happen was a major source of anxiety. It meant that anxiety persisted despite participants' attempts to rationalise. That is to say, though participants acknowledged that what they feared most was unlikely to happen, the fact that it was not impossible was enough to sustain their anxiety:

```
P8 (Low para): It could happen at any time, basically but I
am not expecting it to happen, if you know what I mean.

P8 (Low para): There is always that possibility that it could
happen. So that keeps the worry ticking over if you know what
I mean.

P7 (Low para): I don't know what people are thinking about
me, and it would be wrong to say they are saying bad things
behind my back because that is either not true, or it's true,
but I don't know that as I don't have any evidence for it…
but I will always be sort of a little bit paranoid about what
they could sort of potentially say-
```

## *10.3 Catastrophising*

4 participants, 10 codes

Participants often catastrophised events, either when describing their experiences or when reflecting on the content of their intrusive imagery:

```
P1 (High para): I plan things out in my head before I do them
and so if it doesn't go to plan I'm just like "wow, ok, that
was terrible". When really it probably wasn't that terrible
at all... but yeah.
```

```
P8 (Low para): Like I said it is just too dramatic, it
wouldn't happen like I always picture it to happen.
```

*10.4 Impact of intrusive imagery*

8 participants, 12 codes

All participants talked about experiencing intrusive imagery in terms of the direct impact it has on their lives. For many participants, experiencing imagery caused them to avoid specific situations or people, which is detrimental to maintaining relationships:

```
P1 (High para): If someone else just came in now I wouldn't
be able to communicate because I just don't know how. So it
makes me avoid doing that even more, and avoiding them, the
people in the image, which is a problem in my relationship.
```

```
P3 (Avg. para): I don't go out and do social things if I have
erm plans set to meet friends and things I'll cancel them.

I: Ok so it will make you not only not want to do it but
you'll actually follow through with that?

P3: Yes.

I: How often would say that it sort of gets to that point
where it's making you feel like that?

P3: Erm several times a month maybe.
```

Some participants believed that experiencing the image has a direct effect on how they interact with others:

```
P3 (Avg. para): Erm, it depends, if it pops into my head if
I'm on my own then not really I can sort of work through it
but if it's when I'm having an argument with somebody or
something I do tend to get angry and that results in either
lashing out with words or I, not get violent, but I throw
things and things like that.
```

```
P7 (Low para): Yeah it does make me sort of paranoid and
influences my actions in how I come across as a person.
```

P5 attributes the onset of her performance anxiety to the onset of her intrusive

imagery:

> P5 (Low para): Um, yeah definitely, before I started having
> [intrusive imagery], I was fine with like presenting and
> stuff, but now I have it, it is like, as much as I know it
> won't happen, I am just like I could mess up, it could be a
> thing, and that just makes me anxious.

P5 also believes that experiencing her image will cause the events to happen in

reality:

> P5 (Low para): But, if it is the actual event, then all the
> same things will happen in the image, like in real life, so I
> will get like clammy hands, I will feel super super sick, I
> won't be able to eat, drink, everything the same will happen.
> But if it is not that specific event taking place, then it
> will just be much more mild, quicker versions of all the
> things that I get in the image.

### 10.5 Emotional reactions

6 participants, 9 codes

A major part of participants' experiences of mental imagery and anxiety was

metacognitive evaluation and consequential negative emotional responses.

Participants were often embarrassed or ashamed that they experience imagery and /

or anxiety:

> P2 (Avg. para): I think the fact that I actually think it
> makes me embarrassed, because I know… there's a part of my
> brain that knows it's not rational, I know that that's not
> going to happen every time I go out, but that doesn't stop me
> thinking that it might happen every time that I go out. So I
> just kind of feel embarrassed that I think that way in the
> first place.
>
> P8 (Low para): Um, I feel like, quite ashamed, that I have
> let it build up to this point…

For some, reflecting on the impact of their imagery and anxiety caused sadness:

> I: Ok, we've touched on this a little bit but what is making the sadness come into play?
>
> P3 (Avg. para): Erm, just, I would say more like despair, it just makes me feel upset that I feel that way and like it affects my life and things like that.

Other participants' experiences induced self-directed anger or frustration:

> P3 (Avg. para): Yes and just angry at myself.
>
> I: Which parts of it make you feel angry?
>
> P3: That I believe it.

### *Theme 11: Coping with intrusive imagery and anxiety*

There were also patterns in the ways in which participants employed coping mechanisms in order to deal with their imagery when it intrudes and manage their anxiety more generally.

*11.1 Distraction*

6 participants, 7 codes

When a negative image intrudes, most participants actively try to distract themselves from it and avoid subsequent rumination:

> P10 (Avg. para): It would have to be distraction, that's the best thing. Not so much with that memory, when I was at school it was a big thing, I just had to be distracted when I thought about it, just because like [makes disgusted noises]. That's the only way to do it, just to do something off topic that had nothing related to it.
>
> P4 (Low para): It depends. If I let it go on and I'm thinking about it for more than, I don't know, 30 seconds or something? Then I feel like all those feelings surrounding it are allowed to build. Whereas if I'm consciously more aware that I'm thinking about it, and I stop myself, then the

```
conversation with my friends and stuff doesn't get affected
at all.
```

P5 describes purposely wearing rings so that she has something tactile to distract herself. She also reports focussing on her breathing to counter the hyperventilation associated with her image:

```
P5 (Low para): I will fidget, I wear rings so I can fidget
all the time. I will be like playing with things, I will just
like focus on my breathing for a bit, when it pops into my
mind, then it literally lasts like, 30 seconds tops, and then
I can just like push it from my mind, and continue talking to
someone.
```

### 11.2 Social support

3 participants, 5 codes

For three participants, the social support they received served to alleviate their anxiety by reducing feelings of isolation and validating their actions. P11 felt empowered by the support she received from her family members in the face of persecution:

```
I: And you send you felt empowered from your family as well,
so how does-

P11 (High para): Um yeah so because they've heard everything
that's happened and they still believed me, they made me feel
like I could sit there with them and argue my case and be um,
be right. And not feel worried about being correct.
```

### 11.3 Positive thinking

3 participants, 3 codes

Some participants reported turning negative thoughts into positive ones or using negative imagery in a positive way. P9 evaluates her perceived social differences in a positive rather than negative way in order to alleviate her anxiety:

```
P9 (High para): I try to turn it positively. So, I'm like, if
you don't fit in anywhere like, that has to be something
good, like, you don't conform to like, the standards and
means of society. So, good things come from that, like people
who are different normally get recognition, you know?
```

Similarly, P7 uses his intrusive imagery to prepare and motivate him for future social situations:

```
P7 (Low para): Um, when I experience my image, it is just I
sometimes use this image as a sort of preparation of what
could happen, and it can make me feel either a little bit
low, or either motivated to say, I am gonna do better than
that [laughs] so use it as a source of motivation which is
what I have sort of been taught to do in terms of mental
imagery.
```

## *11.4 Dissociation*

2 participants, 2 codes

Finally, for two participants, dissociating themselves from their imagery when it intrudes reduces the anxiety it causes:

```
I: Ok, so when do you tend to see it through fly on the wall
[perspective]?

P11 (High para): Um, if I'm trying to depersonalise from it,
if you know what I mean? So I'm trying to be objective about
what I'm remembering. So if something comes in as intrusive,
I try and objectify what's happening. And then, yeah.

I: What do you mean by that?

P11: So, take my emotions out of it. So if I'm say getting
quite stressed about it I try and take myself out of the
situation and can see it differently.
```

P9 (High para): So it switches to like, someone else, kind of
thing, allowing me to view both, like, it's a way, it's a
thing that I do to calm myself down a bit. Like imagine it
from different people's perspectives.

## Discussion

### Image Characteristics

Prediction 1 – that images would be primarily visual, auditory, and somatic –

was supported. Participants' images were primarily visual, though some were

predominantly auditory and somatic components were also very common. The

primacy of these three modalities replicates a previous investigation into anxiety

imagery experienced in a sub-clinical socially anxious sample (Homer & Deeprose,

2017). The fact that most images were multisensory supports Hackmann et al.'s

(2000) findings: almost three quarters of the intrusive social anxiety images they

investigated comprised more than one sensory modality. The importance

participants placed on the physical experiences accompanying their intrusive

imagery supports the proposed importance of physiological symptoms in maintaining

anxiety (Clark & Wells, 1995; Rapee & Heimberg, 1997; Hofmann, 2007). It also

demonstrates their influence when just thinking about social situations as well as

experiencing them. However, it is difficult to distinguish between truly somatic mental

images (or somatic components of mental images), and somatic reactions to mental

images. It is possible that imagery can be entirely, or primarily, somatic. For

example, three of Hackmann et al.'s (2000) 22 socially anxious interviewees

described their imagery as ''sweating', feeling smaller', or 'feeling fatter'.

Comparably, in this study, Participant 5 reports "the feeling of when you're nervous

and you get really clammy hands, and you touch paper… when you're really shaky

as well, and it's like that clammy, shaking paper, dry mouth…". Cases such as these, in which bodily sensations occur independently of visual or auditory imagery, may be understood as somatic imagery. Somatic responses to visual or auditory imagery and somatic components thereof, though theoretically different, are difficult to tease apart and test. For example, is a racing heart during imagination of public speaking part of the imagination or in response to it?

Six participants who experienced imagery of others reported somatic effects, either in response to their image or as part of it. Lang's (1977; 1979) bio-informational theory of emotional imagery holds that somatovisceral responses to mental imagery reflect physiological responses to the actual stimulus represented in the imagery (see also Lie, Heyes, MacLeod, & Holmes, 2016). This suggests that as well as self-perceptions, other people may evoke physiological anxiety symptoms in socially anxious individuals. In other words, that social fears can be other-focused as well as self-focused. This is in line with the overall prediction of the theoretical model presented in Chapter One – that perceptions of others as well as the self are important with regards to anxiety in social settings. Together, these findings highlight the complexity and intensity of intrusive social anxiety imagery.

Prediction 2 – that images would be based on negative episodic memories – was partially supported. Almost three quarters of the intrusive images reported by Homer and Deeprose (2017) were based on specific episodic memories, but the more in-depth investigation employed here revealed that relationships between imagery and memory may be more nuanced and idiosyncratic. Images in this study were generally associated with episodic memories, usually involving events occurring around the onset of social anxiety, or multiple negative events participants felt had accumulated over time. However, only two images were direct

representations of negative and personally important autobiographical events. Images were often distorted in some way, either from the memories they represented or from reality. For example, several participants reported being smaller in their image than they are in reality, and one participant reported the sunlight in her memory appearing as a spotlight in her image. These differences support the distinctions between intrusive imagery and voluntary memories observed by Homer and Deeprose (2017) and are in accordance with established differences between voluntary and involuntary memory (e.g. Conway & Pleydell-Pearce, 2000; Ehlers & Clark; 2000; Brewin & Holmes, 2003). These findings partially support Hackmann et al.'s (2000) conclusions that images may be the abstracted essence of negative memories. For example, one participant's image featured the abstract, isolated heads of her childhood bullies calling her names, which she associated with an amalgamation of experiences of bullying throughout childhood. However, this did not apply to all of the images reported here. Some of them were more accurate and contextualised replays of negative social situations, and some of them did not seem at all derivative of associated negative memories. For example, one participant's public speaking imagery was linked to her parents' divorce and father's ill-health.

Reflecting their links to autobiographical events, images were usually representative of participants' pasts. However, they were generally influential in the present (i.e. impacting participants' experiences in real-time when intrusions occurred). Like those interviewed by Hackmann et al. (2000), almost all participants experienced their image when in social situations. Imagery was also commonly experienced when participants were alone or unoccupied, and when in a low mood. Associations between imagery and low mood were also observed by Homer and Deeprose (2017), but it is not yet clear whether experiencing intrusive imagery

lowers mood or whether low mood causes more frequent intrusions. Future experimental work should seek to investigate these causal relationships.

Prediction 3 – that the field and observer perspectives would be equally common, and more common than the fly-on-the-wall perspective – was also only partially supported. Contrary to predictions made by existing models of social anxiety (Clark and Wells, 1995; Rapee and Heimberg, 1997; Hofmann, 2007), and early research (e.g. Hackmann et al., 1998; Wells et al., 1998; Wells & Papageorgiou, 1999; Coles et al., 2001), images in this study were rarely in the observer perspective. All images were experienced from the field perspective. Though they sometimes had a secondary perspective, this was more likely to take a fly-on-the-wall rather than an observer point of view. It has been suggested that this wider, 'bird's eye' viewpoint represents a detached form of the observer perspective (e.g. Nigro & Neisser, 1983; McIsaac & Elch, 2004; Stopa et al., 2013). However, existing models of social anxiety predict that representations of the social self, as seen by others specifically, are paramount to the maintenance of individuals' negative self-concepts. As it is the viewpoint of no-one in particular, instances of the fly-on-the-wall perspective do not directly support these predictions. Only two participants also experienced their imagery in the observer perspective, and this perspective was associated with equal or less anxiety than the field perspective. The prevalence of the field perspective in this study reflects more recent findings suggesting that the field perspective is at least equally as common as the observer perspective in social anxiety imagery, and just as, if not more, anxiety-inducing (Moscovitch et al., 2011; Homer & Deeprose, 2017; Homer et al., 2016).

The differences in perspective observed here highlight the variety of content within social anxiety imagery. Though Hackmann et al. (2000) did not formally asses

image perspective, they noted that participants in their study typically experienced a negative impression of the observable self. By contrast, images in this study more commonly featured impressions of others being aggressive or unkind. Some images did involve a negative impression of the self, but this was usually seen from a fly-on-the-wall perspective or the field perspective. For example, one participant reported looking up at others in her image, indicating that she was smaller and less worthy than them. Other participants reported looking down at themselves from their own viewpoint and seeing their hands shaking. Like those interviewed by Stopa et al. (2013), most participants' images switched between perspectives, demonstrating the dynamic nature of imagery and undermining the primacy of any one perspective.

Participants reliably experienced anxiety when visualising their imagery. Anxiety and embarrassment received the highest average ratings from participants in the study by Homer and Deeprose (2017). In this study, only six (55%) participants rated embarrassment higher than 50 / 100. Interestingly, while images represented times the participant felt anxious, embarrassment did not always result from the events in the image. More often, participants were embarrassed that they experience intrusive imagery, and that the fears represented in their images were irrational. That is to say, participants were embarrassed about the fact that they experience intrusive imagery and social fears in the first place, rather than about their own behaviours or social experiences. Experiences of shame, disgust, suspicion, and threat were more varied between participants, and were often tied to idiosyncrasies within the image or associated contextual or semantic information. For example, one participant's disgust at a work colleague's behaviour towards her was amplified by the colleague's being twice her age.

Overall, the phenomenology of intrusive imagery was similar for all participants, and broadly in line with that reported in previous research. Notably, the content and perspective of images was similar between participants at all levels of paranoia but distinct to predictions made by models of social anxiety and early research findings. Along with more recent investigations in sub-clinical samples, these results suggest that image perspective and content across the social anxiety continuum may be more heterogeneous and idiosyncratic than previously assumed.

**Thematic Analysis**

**Experiencing and coping with imagery and anxiety**

Two themes fell outside of the major overarching categories of self and others. These themes concerned the ways in which participants experienced and coped with their intrusive imagery and social anxiety. Almost all participants engaged in rationalising. However, participants' attempts to rationalise their fears based on their unlikeliness were outweighed by the importance they placed on the mere possibility that feared events could occur. This mere possibility was a major source of anxiety. This finding supports the proposed importance of intolerance of uncertainty – the belief that the mere possibility of a feared event occurring is intolerable, irrespective of its probability – as a predictor of social anxiety (Boelen & Reijntjes, 2009; Carleton, Collimore, & Asmundson, 2010).

Some participants catastrophised events that had happened or could happen by overstating their importance or their implications for the participants or their lives. This was reflected in exaggerated or dramatised scenes within their intrusive imagery. The tendency to catastrophise is well established in social anxiety (e.g.

Hinrichsen & Clark, 2003). Social anxiety imagery is generally considered to feature

exaggerated negative impressions of the self (e.g. Clark & Wells, 1997; Hackmann

et al., 2000). This was true of one participant, whose image showed 'the worst

version I can be' (though the image was in the field rather than observer

perspective). Other images involved the exaggerated and excessively negative

reactions of others, again reinforcing the importance of others in intrusive imagery

and in social anxiety more generally.

Generally, participants perceived that their intrusive imagery had a direct

impact on them by interfering with social interactions, increasing anxiety, causing

them to avoid social situations, and even causing the events in the image to happen

in reality. These perceptions of causal relationships reflect experimental evidence

demonstrating that visualising social anxiety imagery increases anxiety, impairs

social performance, and decreases self-esteem and resilience to social threat

(Hirsch, Clark, Mathews & Williams, 2003; Hirsch, Meynen & Clark, 2004; Hirsch,

Mathews, Clark, Williams & Morrison, 2006; Hulme, Hirsch, & Stopa, 2012). The

vigilance-avoidance hypothesis (e.g. Mogg, Bradley, De Bono, & Painter, 1997)

proposes that socially anxious individuals avoid social situations to defend

themselves against potential threat identified during hypervigilant environmental

scanning. Comparably, participants here used their intrusive imagery to infer

potential threat in future social situations, causing them to avoid the situation and

consequently the potential for harm.

Participants felt saddened, embarrassed, ashamed or frustrated that they

experienced intrusive imagery and / or social anxiety. Meta-cognitive beliefs about

thinking, for example, 'I cannot stop worrying', may be even more important to the maintenance of anxiety than negative cognition itself (Nordahl & Wells, 2017). The results presented here suggest that meta-emotional responses may also be central to individuals' construction and understanding of their social anxiety.

In response to intrusions, participants employed several cognitive avoidance strategies. They actively tried to direct their thoughts and attentions elsewhere, describing a general sense of having to distract oneself as quickly as possible to prevent the negative consequences of experiencing imagery described above. Some participants also dissociated from their imagery by changing its perspective to a fly-on-the-wall viewpoint. This perspective has been shown to induce less negative affect than field perspective imagery (McIsaac & Eich, 2004). This tendency reflects experiential avoidance: attempting to control or avoid unwanted cognitions and emotions (Hayes, Wilson, Gifford, Folletee, & Strosahl, 1996). As a coping mechanism, experiential avoidance is counter-productive, as it is hypothesised to contribute to and maintain social anxiety (e.g. Kashdan et al., 2014). In contrast, several participants emphasised the importance of social support. It is well established that social support is associated with mental well-being (e.g. Cohen & Hoberman, 1983; Haber, Cohen, Todd, Lucas, & Baltes, 2007), though supportive social networks may be particularly difficult to maintain for socially anxious individuals (Wenzel, 2002). Several participants in this study spoke about the impact of their mental imagery and anxiety on maintaining relationships, both in terms of how they see friends and loved ones and how others see them. Those who were able to access social support reported that it was empowering, validating, and preventative of negative self-evaluation.

Overall, the ways in which participants made sense of, evaluated, and coped with their experiences of intrusive imagery and anxiety were comparable across all interviews, regardless of levels of paranoia. Core components of participants' experiences included intolerance of uncertainty; perceived causal relationships between experiencing intrusive imagery and becoming anxious or having negative social experiences; and meta-cognitive emotional responses to imagery and anxiety.

**Perceptions of self**

The nine major themes identified within the data fell within the distinct but related categories of self-focused fears and other-focused fears. Participants commonly attributed negative events or their anxiety in social situations to their own mistakes, behaviours or perceived shortcomings. This finding is in-line with the biased, self-blaming appraisal styles associated with social anxiety (Clark & Wells, 1995; Rapee & Heimberg, 1997; Gutz, Roepke, & Renneberg, 2016). These appraisal styles are thought to result from negative precipitating events (e.g. Clark & Wells, 1995; Erwin et al., 2006; Hackmann et al., 2000) such as social rejection (Gutz et al., 2016). One high-paranoia participant described deliberately directing blame towards others in order to relieve self-contempt. Bentall (1994) proposed that paranoid individuals experience a self-serving appraisal bias in which negative events are attributed to others in order to preserve self-esteem. This hypothesis is contentious due to mixed findings of external-personal attribution biases in both clinical and sub-clinical samples. Some findings are in support (e.g. Candido & Romney, 1990; Fear, Sharp, & Healey, 1996; Lincoln, Mehl, Exner, Lindenmeyer, and Rief, 2010; Kaney & Bentall, 1992), while others are not (e.g. Ho-wai So, Tang,

& Wing-leung Leung, 2015; Martin & Penn, 2001; McKay, Langdon, & Coltheart, 2005; Mehl et al., 2014; Sullivan, Bentall, Fernyhough, Pearson, and Zammit, 2013). Contrary to this prediction, high-paranoia participants in this study also engaged in self-attribution and self-blame.

Linked to their tendencies towards self-attribution were participants' negative self-evaluations. Participants' self-evaluation involved reflecting on their social performance, and metacognitively reflecting on their anxiety. It also involved comparing themselves to self-imposed social and personal standards. This self-criticism is reliably associated with social anxiety (Cox, Fleet, & Stein, 2004), and may moderate fear induced by situational self-consciousness (Kopala-Sibley & Russell, 2013). Central to cognitive models of social anxiety is the idea that individuals fear negative evaluation from others (Clark & Wells, 195; Rapee & Heimberg, 1997). Accordingly, this represented one of the largest subthemes. Participants were particularly concerned about being judged by others due to their shortcomings or anxiety symptoms, and estimations of others' thoughts towards the self were negatively biased. In accordance with research showing high intolerance of uncertainty in social anxiety (e.g. Carleton, Collimore, & Asmundson, 2010), participants were not necessarily convinced that they are judged negatively. Rather, they were preoccupied with the uncertainty surrounding others' thoughts elicited by perceptions of being observed or talked about. Fear of negative evaluation led participants to prevent it where possible either by avoiding social situations or engaging in safety behaviours, both of which have been shown to exacerbate and maintain social anxiety (Piccirillo, Taylor Dryman, & Heimberg, 2016). Notably, high-paranoia participants engaged in self-attribution and self-blame just as low-paranoia

individuals were concerned about being watched, talked about, and laughed at by others.

The defining feature of social anxiety is a core fear pertaining to personal inadequacy (Moscovitch, 2011). It is notable, therefore, that this did not apply to the entire sample. Some participants, at all levels of paranoia, did not hold a self-concept pertaining to inadequacy. Most, however, reported seeing themselves as below others, different to others, or socially inadequate. Participants compensated for these shortcomings by attempting to conceal them with safety behaviours, avoiding situations in which they may be exposed or highlighted, and attempting to monitor, regulate, and control their social performance and physiological anxiety. This self-monitoring and heightened awareness of oneself in social situations is proposed to be a key underlying mechanism in social anxiety (Clark & Wells, 1995). It also reflects the maintenance mechanisms of social self-consciousness proposed in the theoretical model in Chapter One.

Overall, the data suggest that self-blame for negative social events and unfavourable estimations of how one is evaluated by others contaminate self-evaluation. Together, these experiences contribute to a negative self-concept pertaining to inadequacy.

**Perceptions of others**

Attributing negative events or anxiety to others was just as common, if not more so, than self-attribution. Though traditionally associated with paranoia (Bentall, 1994), external, personal attribution of negative events was not exclusive to high-paranoia participants. Regardless of their level of paranoia, most participants

evaluated others in terms of potential threat. This subtheme is linked to that of ideas of reference. Participants were hypervigilant of others' actions and suspicious about the intentions underlying them. Hypervigilance is typically associated with paranoia (Carroll, 2009), but findings in social anxiety are more contentious (see Bögels & Mansell, 2004 for a review). There is considerable support for the hypothesis that anxious individuals are hypervigilant to specific threat stimuli, the nature of which is dependent upon the specific fears of the individual (Mogg & Bradley, 1998; Harvey, Watkins, Mansell, & Shafran, 2004; Williams, Watts, MacLeod, & Mathews, 1997). In social anxiety, this vigilance is assumed to be focused on internal sensations such as physiological anxiety symptoms (Clark & Wells, 1995; Rapee and Heimberg, 1997), but there is also evidence to suggest vigilance towards external threat stimuli such as negative facial expressions (Garner, Mogg, & Bradley, 2006). The findings reported here suggest that socially anxious individuals may be hypervigilant to external threat cues because they perceive threat in others as well as in their internal experiences. Interestingly, once participants perceived a particular group or individual as threatening, they frequently generalised their evaluation to others. This is in line with Chapter One's predictions that negative experiences attributed to others, hypervigilance, and negative beliefs about the thoughts and intentions of others perpetuate other-focused anxiety.

Relatedly, perceptions of threat and beliefs of persecution by others were extremely common and not determined by levels of paranoia. In accordance with the hierarchy of paranoia put forward by Freeman et al. (2005), perceptions of social harm and threat, such as social rejection, were most common. Perceptions of threat to personal or physical integrity were less common. Stopa et al. (2013) found that paranoid individuals were concerned about threats to their personal reputation as

well as physical harm. Together, these results highlight the overlap between the threat beliefs of socially anxious and paranoid indviduals. Perceptions of deliberate targeting were common, and experiences of threat and persecution were typically experienced with a sense of unfairness. The multimotive model of rejection (Smart Richman & Leary, 2009) predicts that internal attribution of rejection and low self-worth leads to withdrawal, while perceptions of unfairness lead to anger and aggression. Though perceived threat did not always pertain to rejection, participants' reactions to threat were broadly in line with this hypothesis. They withdrew or avoided potentially threatening situations, and / or employed aggressive behaviours driven by anger at their sense of unfair persecution.

Almost all participants, at all levels of paranoia, reported anxiety surrounding perceptions of power. Being unable to predict or control others' thoughts and intentions was a common source of anxiety. Additionally, a sense of isolation contributed to a 'me vs them' mentality when around others. Participants also described perceived power imbalances pertaining to being dominated, either physically or socially, by overbearing, socially outgoing, or physically stronger others. The importance of perceived powerlessness and lack of control over one's own life have long been associated with paranoia (e.g. Mirowsky & Ross, 1983) and shame (Tangney, Wagner, & Gramzow, 1992), which predicts social anxiety symptoms (Fergus, Valentiner, McGrath, & Jenicus, 2010; Gilbert, 2000). Participants' sense of powerlessness led to self-perceptions pertaining to weakness and vulnerability. Though closely linked to Theme 4 (negative self-concept) these experiences were unique. They related to participants' self-perceptions in relation to, or as a result of, their negative evaluations of others. Codes within this subtheme also related coherently to weakness and vulnerability, rather than social or personal inadequacy.

Bebbington et al. (2013) proposed that feelings of vulnerability give rise to anxieties regarding the intentions of others. These data are in line with this hypothesis, though causation cannot be formally assessed. Participants' narratives suggested that the reverse may also be true in that perceptions of hostile others are conducive to feelings of vulnerability.

Most participants, including those low in paranoia, reported holding a negative concept of others. Common beliefs within this theme included others being intrusive, hostile, aggressive, or untrustworthy. A core element was the conviction that others have negative intentions, either in general or towards the participant specifically. The negative intentions of others are of particular concern to clinically paranoid individuals (Stopa et al., 2013), and can manifest in intrusive paranoia imagery (Lockett et al., 2012).

Overall, these data imply that attributing negative events to others feeds into how others are evaluated, particularly in terms of potential threat. Threat is partly construed through perceptions of the power dynamic between oneself and others. Collectively, these processes contribute to the formation of a negative concept of others pertaining to deliberate threat and negative intentionality.

**Implications, Limitations, and Future Directions**

The study has several implications for theory, future research, and clinical practice. Intrusive imagery experienced by participants was complex, heterogeneous, and idiosyncratic. It was highly problematic in its ability to cause participants distress, drive anticipatory anxiety and avoidance, and fuel self-criticism. These findings support those of Homer and Deeprose (2017) in extending the

prevalence and importance of intrusive imagery to sub-clinical as well as clinically socially anxious participants. Future research could investigate qualitative differences in experiences of anxiety at varying levels of the continuum between individuals who do and do not experience these images. Homer and Deeprose (2017) predicted that the content of intrusive imagery may reflect the core fears of the individual experiencing it. This theory was partially supported by the data in that image content was certainly related to, and even indicative of, underlying fears. However, links between imagery and core fears were not always clear-cut. It was necessary for participants to elaborate on the underpinning meanings of their imagery. Moreover, they generally experienced various images covering multiple themes. Consequently, it may not be the perspective and content of intrusive imagery, but its associated feelings, beliefs, and anxieties, that can best disentangle underlying fears.

The study failed to find any systematic differences in the experiences of socially anxious individuals who also experienced high levels of paranoia, and those who did not. Participants who were highly paranoid described self-focused anxieties, and low-paranoia participants described anxieties around others. These phenomenological similarities reflect previous observations of indistinguishable social cognition, attitudes, behaviours, and evaluative beliefs between clinically socially anxious and paranoid individuals (Newman-Taylor and Stopa, 2013). They extend this finding to sub-clinical as well as clinical samples. This further demonstrates the overlap between social anxiety and paranoia and reinforces the need to better understand their shared and unique processes.

Though the themes identified in these data fell into the distinct categories of self-focused fears and other-focused fears, there was clear overlap between the two.

For example, self-evaluation and self-concept were strongly influenced by estimations of how participants were seen by others. In some cases, negative self-evaluation was directly, and seemingly intentionally, caused by others. Moreover, self-perceptions of weakness and vulnerability were closely tied to fears of threat and persecution. Previous research has revealed similarities in cognition, affect, and behaviours associated with social anxiety and paranoia (e.g. Newman-Taylor & Stopa, 2013). However, the overlap between self-focused and other-focused core fears specifically, and their mutual contributions to experiences of anxiety, represent novel findings of particular theoretical importance. Moreover, there were examples within the data of one core fear seemingly leading to the other. For example, some participants' perceived social inadequacies caused them to form representations of others as intolerant and spiteful. Conversely, other participants' perceptions of others' hostility led them to question their own worth. This sits well with Michail and Birchwood's (2009) hypotheses that social anxiety can cause paranoia and vice versa, as well as prediction 1 of the model presented in Chapter One. Future research should seek to experimentally test the causal relationship between self-focused and other-focused anxieties.

The study revealed that self-attribution of negative events and attribution of negative events to others are not mutually exclusive. Few participants showed evidence of only one attributional style. This provides some preliminary support for prediction 3 of the theoretical model presented in Chapter One. Participants commonly attributed some aspects of negative events to others, and other aspects to themselves. Further qualitative work should explore participants' subjective experiences of the processes underlying internal and external attribution. Also in line with the model presented in Chapter One, these results suggest that some indices of

maladaptive social perception are associated with both self-focused and other-focused fears. For example, ideas of reference are typically associated with paranoid ideation. However, participants in this study assumed that if they were targeted by others, it was a result of their own inadequacies.

Broadly, experiences of other-focused anxieties were shared by all participants regardless of their Paranoia Checklist score. Some participants attained particularly low or average Paranoia Checklist scores yet showed strong tendencies towards anxiety around the negative intentions of others. For example, P2 experienced almost delusional persecutory beliefs, held a concept of others pertaining to aggression and hostility, and avoided leaving the house, even in the daytime. Despite this, she scored slightly below the non-clinical average reported by Freeman et al. (2005). This suggests that participants' negative views of other people may extend beyond, or fall outside of those captured on this measure. This highlights the need to develop novel psychometric scales to directly measure and differentiate experiences of self-focused and other-focused fears.

The study has several tentative clinical implications. Broadly, it demonstrates the heterogeneity of experiences between socially anxious individuals and reinforces the need to tailor interventions to idiosyncratic core fears (Moscovitch, 2009). Currently, these core fears are supposed to be self-focused (Moscovitch, 2009). Accordingly, the DSM-V definition of social anxiety disorder states, 'The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e. will be humiliating or embarrassing; will lead to rejection or offend others)' (APA, 2013, p. 202). If replicated in larger samples, the results of this study would suggest that most socially anxious individuals experience both self-focused and other-focused core fears. However, some individuals may place more

importance on anxieties surrounding others, while negative self-beliefs may be more distressing for other individuals. The former, therefore, may not meet these criteria or be recognised as experiencing anxiety in social situations. Moreover, the results of this study challenge the importance of self-focused emotions such as humiliation and embarrassment implied by the DSM-V criteria. Only six of 11 participants rated embarrassment higher than 50 out of 100, and only two of 11 participants rated shame higher than 50 out of 100. Overall, the study suggests that anxiety in social situations is not always the result of self-focused fears of embarrassing anxiety symptoms or behaviours.

If interventions for social anxiety should be tailored to idiosyncratic core fears (Moscovitch, 2009), then these results suggest that core fears concerning both the self and others may prove successful treatment targets in social anxiety, depending upon the individual's experiences of each. The outcomes of this study support the notion that intrusive imagery may be a useful therapeutic tool in identifying and exploring these idiosyncratic core fears (Barnard & Teasdale, 1991; Holmes & Hackmann, 2004; Somerville et al., 2007). While conducting this study, we found that when asked about imagery participants spoke readily about anxiety-related cognitions, emotions, and experiences. It was as though considering their imagery deeply and objectively allowed them to identify, understand, and express ideas which may otherwise have been overlooked or deemed indescribable. However, I would add the caveat that as previously discussed, image perspective is not a reliable heuristic in identifying self-focused or other focused anxieties. Rather, it was more general discussion around the content, beliefs, feelings, and experiences associated with imagery that revealed them. Novel psychometric scales to directly

measure and compare these core fears would be an efficient alternative in clinical settings.

The study has several limitations to be considered when interpreting its conclusions. Participants experienced a range of psychological diagnoses, which could potentially have affected the coherence of the results. However, all participants had social anxiety in common, and their experiences of social anxiety were consistent with one another and with current understanding of social anxiety. Participants were screened to be above average in social anxiety using the Social Phobia Scale and all scored at least within one standard deviation below the clinical average reported by Mattick & Clarke (1998), but their status was not confirmed by diagnostic interview. Some participants mentioned having received psychological treatment. This was not formally assessed and so the impact of treatment on their interview responses is not known. Finally, I suggest that while intrusive imagery is a useful route to underlying meanings and core beliefs, image perspective is not a reliable shortcut. However, field and observer perspective images could not be directly compared in this study due to low incidence of the latter. Further qualitative comparison to this end may elucidate any importance of image perspective in this regard.

Despite its limitations, the study was successful as a prefatory but in-depth exploration of the heterogeneous perceptions of self and others experienced by socially anxious individuals. Future qualitative research should seek to investigate experiences of mental imagery and the relationship between self-focused and other-focused core fears in clinically diagnosed socially anxious individuals, and in clinically paranoid individuals for comparison. Due to the qualitative nature of the study, it was not possible to assess causal relationships. Future work should follow

up on the study's main findings by experimentally investigating the causal relationships between perceptions of the self and others. Research could also attempt to determine the predictors of, and overlap between, internal and external attributional styles. Additionally, it would be interesting to investigate the prevalence of intrusive mental imagery in sub-clinical paranoia as well as social anxiety. To further this line of research, it would be beneficial to develop new psychometric measures designed specifically to capture and differentiate experiences of self-focused and other-focused anxiety.

**Conclusions**

Experiences of mental imagery, anxiety, and social perception may not differ between socially anxious participants who score high and low on measures of paranoia. It is interesting though, that negative views of other people were as common as negative self-representations in this study. This finding suggests that the importance of anxieties surrounding others, typically associated with paranoia, may have been underestimated in social anxiety research and treatment. It also suggests that the negative views of other people experienced by socially anxious individuals may not be detected by existing paranoia scales. Broadly, the study provides preliminary support for the predictions made in Chapter One regarding the mutual importance and potential interdependence of self-focused and other-focused core fears in social anxiety. It raises several questions regarding causality between, and measurement of these fears.

# CHAPTER FOUR

## Testing Prediction One:
## What causes anxiety in social situations?

*Oftentimes I am transported to a particular time and situation by flashbacks. A snippet of interaction with another person, that did not go particularly well, is 'replayed' in my mind for a while, triggering me to ruminate over the reasons why the conversation didn't go well, what the other person must have felt, and how silly I felt about it both then and now.*

– Study participant

### Overview

The first and main prediction of the theoretical model presented in Chapter One is in three parts: i) both self-focused fears and other-focused fears lead to anxiety in social situations; ii) self-focused fears can lead to other-focused fears; iii) other-focused fears can lead to self-focused fears. Chapter Three presented a preliminary qualitative exploration of these predictions. Socially anxious individuals' perceptions of self and others were almost unanimously negative and were associated with their anxiety of social situations. However, it was not possible to determine causation in this study. One of the main benefits of mixed-methods research is that approaches can be complementary, and the disadvantages of one can be balanced by the advantages of the other (Johnson et al., 2007; Webb et al., 1966, see Chapter Two for further discussion). The studies presented here serve as experimental tests of the predictions put forward in Chapter One. They investigated the effects of inducing a negative concept of the self or others, or activating an existing one, on paranoia, self-esteem, and social anxiety.

**Experiment One: Intrusive Imagery**

**Introduction**

Negative and intrusive, observer perspective self-imagery is ubiquitous in the social anxiety literature. It has been shown to underlie several key processes including maintaining anxiety, interfering with social performance, and decreasing self-esteem and resilience to social threat (e.g. Hirsch, Clark, Mathews, & Williams, 2003; Hirsch, Meynen, & Clark, 2004; Hirsch, Mathews, Clark, Williams, & Morrison, 2006; Hulme, Hirsch, & Stopa, 2012; see Ng et al. for a review and Chapter Three for further discussion). However, recent investigations suggest that not all intrusive social anxiety images are observer perspective self-images (e.g. Homer & Deeprose, 2017; Moscovitch et al., 2011). Moreover, all but one of the social anxiety-images reported in the study in Chapter Three featured negative impressions of others. Intrusive self-imagery is thought to be representative of underlying self-focused anxieties which cause anxiety in social situations (e.g. Clark & Wells, 1995). The role of others in this imagery is not yet known but it is reminiscent of intrusive imagery experienced in paranoia, which commonly features threat or persecution from others (Morrison et al., 2002; Lockett et al., 2012). Paranoia and anxiety are correlated and proposed to share cognitive maintenance mechanisms (Freeman, Garety, Kuipers, Fowler, & Bebbington, 2002; Morrison, 2001; Morrison et al., 2002). The core fears in social anxiety and paranoia relate to self and others respectively. Therefore, the presence (or lack) of self and others in intrusive social imagery, and their relative contributions to distress, are theoretically interesting. (See Chapter One for further discussion of this theoretical background and Chapter Three for further discussion of mental imagery.)

In a recent study by Bullock, Newman-Taylor, and Stopa (2016), highly paranoid individuals visualised negative self-images and experienced heightened paranoia as well as state anxiety. The authors concluded that negative self-imagery may be a cognitive maintenance mechanism in paranoia as well as social anxiety. However, the image induction scripts used in this study instructed participants to recall a time they felt secure and trusting or a time they felt suspicious and mistrusting, and to focus on how they *and others* in the memory acted. Therefore, imagery may be a cognitive maintenance mechanism in paranoia, but it is not clear whether this mechanism involves self-imagery specifically, nor what the comparative roles of self and others are. For example, representations of threatening others in this imagery may be the sole or primary cause of the observed increases in paranoia. Indeed, qualitative investigations indicate that intrusive images experienced by paranoid individuals are focused primarily upon threatening others (Lockett et al., 2012; Morrison et al., 2002).

The study presented here therefore investigated the differential causal effects of intrusive social imagery involving just the self, and imagery involving others. Participants who experienced intrusive and recurrent social imagery completed trait and state measures of anxiety, social anxiety, paranoia, and self-esteem. They then visualised their image or completed a control task before completing post-test state measures. Typically, studies in the imagery literature utilise image induction scripts to help participants to generate appropriate imagery. Images used within these paradigms are therefore voluntarily generated rather than intrusively experienced. There are established differences between voluntary and involuntary memories (Conway & Pleydell-Pearce, 2000; Ehlers & Clark; 2000; Brewin & Holmes, 2003), and so using intrusive images instead would better represent the genuine

phenomenological experiences of the individuals concerned. The qualitative investigation in Chapter Three revealed that image perspective is not a reliable indicator of image content or underlying core fears. For example, it cannot be assumed that only observer perspective imagery features the self and represents self-focused fears: one participant in Chapter Three described a field-perspective image of her hands shaking and her consequent self-directed anxiety. Therefore, participants in this study were grouped based on the focus of their image. They reported whether it was a picture, thought, or representation of the self only, others only, or both self and others.

A computerised imagery interview was used. Computerised interviews do not produce the same level of depth and richness of data as face-to-face, semi-structured interviews, such as those employed in the previous qualitative study (Chapter Three). However, the main advantage of using multiple methods is that each approach can compensate for the weaknesses of the other (Johnson et al., 2007; Webb et al., 1966; see also Chapter Two). Employing mixed-methods in this way therefore allowed me to overcome some of the limitations of the previous study. For example, the computerised interview used here maintained objectivity, reduced experimenter effects, and minimised social desirability bias by facilitating anonymity. It also eliminated any anxiety-inducing effects of a face-to-face interview.

Previous research has found no differential effects of negative imagery on participants who are high and low in social anxiety (e.g. Hulme et al., 2012; Makkar & Grisham, 2011). This suggests that it is problematic regardless of an individual's position on the social anxiety continuum[3]. To investigate this further, the studies

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[3] See Chapter One for further discussion of continua models in relation to social anxiety and paranoia.

presented here used a large and unselected sample of participants to investigate whether or not the adverse effects of visualising intrusive imagery were moderated by corresponding trait characteristics. Rather than simulating social anxiety imagery in an analogue study, the aim was to investigate the effects of intrusive social imagery actually experienced by individuals across the social anxiety continuum (see Chapter Two for further discussion). Including individuals low in social anxiety facilitated investigation of intrusive imagery as a causal factor as well as a maintenance mechanism.

Prediction One of the theoretical model holds that both self-focused fears and other-focused fears can cause anxiety in social situations. Based on current understanding of intrusive imagery, the differential intrusive image types compared here should provide a means to investigate these hypotheses. Intrusive images involving the self would represent self-focused anxieties and should cause self-focused fears (i.e. lower self-esteem; Hulme et al., 2012). Intrusive images involving others would represent other-focused anxieties and should cause other-focused fears (i.e. paranoia). According to Chapter One, both image types should cause social anxiety. Prediction one also holds that self-focused and other-focused fears can cause one another, but that these causal pathways may develop gradually. The imagery investigated here is recurrent and intrusive and so has been experienced by participants for some time. Therefore, we should expect that self-images should also increase paranoia and images-of-others should also decrease self-esteem. Congruent findings would provide support for prediction one of the theoretical model. They would also contribute to current understanding of intrusive mental imagery by elucidating the relationship between the content of images and the consequences of experiencing them. To summarise my hypotheses:

1) Bringing to mind intrusive self-imagery would:

   a. Decrease self-esteem more so than bringing to mind an image-of-others

   b. Increase paranoia, but less so than bringing to mind an image-of-others

   c. Increase anxiety, social anxiety, and negative mood, and decrease positive mood, to the same degree as bringing to mind an image-of-others

2) Bringing to mind intrusive imagery of others would:

   a. Decrease self-esteem, but less so than bringing to mind a self-image

   b. Increase paranoia more so than bringing to mind a self-image

   c. Increase anxiety, social anxiety, and negative mood, and decrease positive mood, to the same degree as bringing to mind a self-image

3) Effects on state variables would not be moderated by corresponding trait characteristics:

   a. Increases in state paranoia would not vary according to levels of trait paranoia

   b. Increases in state social anxiety would not vary according to levels of trait social anxiety

   c. Increases in anxiety would not vary according to levels of trait anxiety

   d. Decreases in self-esteem would not vary according to levels of trait self-esteem

**Method**

**Participants.**

After signing up via the University of Plymouth online study participation system, 259 undergraduate students participated. One-hundred and sixty-nine participants reported experiencing intrusive imagery, but 24 images were not negative images of social encounters. This left 145 participants in Experiment One, mean age = 21.23, SD = 5.03, age range = 18 – 51, 112 females. Most participants were from the South West of England (73.10%), and 96.55% were from the UK. Thirty nine participants in Experiment One (26.90%) indicated having received a psychological or psychiatric diagnosis including an anxiety disorder (29 participants, 20.00%); depression (24 participants, 16.55%); social anxiety (10 participants, 6.90%); panic disorder (10 participants, 6.90%); a personality disorder (5 participants, 3.45%); obsessive-compulsive disorder (OCD) (5 participants, 3.45%); psychosis (3 participants, 2.07%); an eating disorder (3 participants, 2.01%); Autism Spectrum Disorder (3 participants, 2.01%); posttraumatic stress disorder (2 participants, 1.38%); Attention-Deficit (Hyperactivity) Disorder (ADHD) (1 participant, .69%); dermatillomania (1 participant, .69%); and hearing of voices due to anxiety (1 participant, .69%). Seven participants (4.83%) indicated uncertainty and 4 participants (2.76%) declined to respond to this question.

**Materials.**

***Trait measures.***

**Paranoia:** On the 20 item Paranoia Scale (PS; Fenigstein & Vanable, 1992), participants endorsed beliefs including, 'It is safer to trust no-one' on a 5 point Likert scale scored 1 – 5 (Not applicable to me – Extremely applicable to me). Scores ranged from 20 – 100. Fenigstein and Vanable (1992) report an undergraduate mean of 42.7, SD = 10.2, good internal consistency, $\alpha$ = .84, and good test-retest reliability, $r$ = .70.

**Self-esteem:** The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) measures global self-esteem. On a 4 point Likert scale scored 1 – 4 (Strongly disagree; Disagree; Agree; Strongly agree), participants rated agreement with 5 positive statements, e.g. 'On the whole, I am satisfied with myself', and 5 (reverse scored) negative statements, e.g. 'At times, I feel I am no good at all', providing scores between 10 and 40. The scale has excellent internal consistency, $\alpha$ = .9 (Schmitt & Allik, 2005), and good test-retest reliability, $r$ = .69 (Robins, Hendin & Trzesniewski, 2001).  Vispoel, Boo and Bleiler (2001) report an undergraduate mean of 32.13, SD = 5.59.

**Social anxiety:** On the Social Phobia Scale (SPS; Mattick & Clarke, 1998), participants indicated the degree to which 20 items including 'I fear I may blush when I am with others' are characteristic or true of them on a 5 point Likert scale scored 0 – 4 (Not at all; Slightly; Moderately; Very; Extremely). Scores ranged from 0 – 80. Mattick & Clarke (1998) report an undergraduate mean of 14.1, SD = 10.2, high internal consistency, $\alpha$ = .9, and excellent test-retest reliability, $r$ = .91 - .93.

**Anxiety:** The Trait version of the State-Trait Anxiety scale (STAI-T; Spielberger Gorsuch, Lushene, Vagg, & Jacobs, 1983), consists of 11 negative items such as, 'I have disturbing thoughts', and 9 (reverse-scored) positive items such as, 'I am "calm, cool and collected"'. Participants indicate how they 'generally feel' on a 4 point Likert scale scored 1 – 4 (Not at all; Somewhat; Moderately so; Very much so), providing scores between 0 and 30. Spielberger et al. (1983) report a college student mean of 38.30 – 40.40, SD = 9.18 – 10.15, and excellent internal consistency, $\alpha$ = .90 - .91.  Barnes, Harp & Jung (2002) report good test-retest reliability, $r$ = .88.

### *State measures.*

**Paranoia:** Schlier, Moritz & Lincoln (2016) produced a 13-item state form of the Paranoia Checklist (Freeman et al., 2005) including items such as, 'I need to be on my guard against others'. Participants indicated endorsement 'right now, in this moment' on a 7 point Likert scale scored 0 – 6 (Not at all – Extremely). This version of the scale has excellent internal consistency, $\alpha$ = .95 (Schlier et al., 2016).

**Self-esteem:** The State Self-Esteem Scale (SSES; Heatherton & Polivy, 1991) includes 7 positive items such as, 'I feel good about myself', and 13 (reverse scored) negative items including, 'I feel self-conscious'. Participants indicated agreement 'right now, in this moment' on a 5 point Likert scale scored 0 – 4 (Not at all; A little; Somewhat; A lot; Extremely), providing scores between 0 and 80. The scale has high internal consistency, $\alpha$ = .92 (Heatherton & Polivy, 1991).

**Social anxiety:** The Liebowitz Social Anxiety Scale (LSAS; Liebowitz, 1987) was adapted slightly to detect changes in state social anxiety. Participants were

instructed to 'imagine that you had to face the following situations *right now*.', and rated their anxiety of 24 situations such as 'participating in a small group' and 'talking to someone in authority', on a 4 point Likert scale scored 0 – 3 (None; Mild; Moderate; Severe), providing scores between 0 and 72. Verbs were adapted from the present continuous tense to the present tense (e.g. 'talking' to 'talk'). The original scale has good internal consistency, $\alpha$ = .96 (Heimberg et al., 1999).

**Anxiety:** On the state form of the State-Trait Anxiety Inventory (STAI-S; Spielberger et al., 1983), participants responded on a 4 point Likert scale scored 0 – 4 (Not at all; Somewhat; Moderately so; Very much so) to 10 negative items such as, 'I feel nervous', and 10 (reverse scored) positive items including, 'I feel calm', based how they felt 'right now, in this moment'. Scores ranged from 0 – 30. Spielberger et al. (1983) report high internal consistency, $\alpha$ = .91 - .93.

**Positive mood:** On the positive subscale of the Positive and Negative Affect Schedule (PANAS-PA; Watson, Clark & Tellegen, 1988), participants rated the extent to which they felt 10 positive emotions including, 'proud', and, 'excited', 'right now, in this moment', on a 5 point Likert scale scored 0 – 4 (Very slightly or not at all; A little; Moderately; Quite a bit; Extremely). Scores ranged from 0 – 40. Watson et al. (1988) report good internal consistency, $\alpha$ = .89.

**Negative mood:** The negative subscale of the PANAS (PANAS-NA) (Watson et al., 1988) consists of 10 negative emotions including, 'distressed' and 'upset'. Response format mirrors that of the positive subscale. Watson et al. (1988) report good internal consistency, $\alpha$ = .85.

**Manipulation checks:** The program asked participants who brought their images to mind to rate their vividness on a 0-100 VAS (labelled 'Not at all vivid' to 'Completely vivid') and provide a short, free-text description. It asked participants in the imagery groups to rate the extent to which they kept their image in mind during the post-test measures on a 0-100 VAS labelled 'Not at all' to 'Completely'. It asked participants in the control condition to rate the extent to which their image intruded during the post-test measures on a 0-100 VAS labelled 'Not at all' to 'Completely'.

**Mood reversal task:** Participants watched a funny cartoon with accompanying uplifting music and then visualised a social situation they enjoyed for 20 seconds.

### *Design.*

The study used a between-subjects, single-factor design. The factor was imagery, which had three levels: self-imagery, imagery-of-others, and no imagery. Each level corresponds to a between-subjects group. The study was quasi-experimental, because two of the three groups were determined by the types of intrusive images participants experienced: images involving only the self (self-images) or images involving others (images-of-others). These groups visualised their imagery during the experiment. The third group was a control condition formed using a covariate-adaptive randomisation procedure (Kalish & Begg, 1985). It comprised representative proportions of individuals who experienced self-images and images-of-others. This group did not visualise their imagery during the experiment. State variables (self-esteem, paranoia, anxiety, social anxiety, and mood) were measured pre-test and post-test to calculate change scores.

### *Procedure.*

Ethical approval was granted by the University of Plymouth Health and Human Sciences Ethics Committee. After briefing and informed consent, participants began the study. The study was fully computerised. Participants first completed some demographic questions followed by the trait measures and then the pre-test state measures. The program then defined and explained recurrent and intrusive mental imagery before asking participants whether they experience any such imagery relating to social situations. Participants who answered 'Yes' to this question formed the sample for Experiment One (participants who answered 'No' proceeded to Experiment Two). They were asked to briefly describe their image, and to identify its focus as a picture, thought, or representation either of the self only, others only, both the self and others, or 'None of the above'. The study used a covariate-adaptive randomisation procedure (Kalish & Begg, 1985). Every fourth participant reporting each image type was allocated to the control condition. This meant that the control condition comprised representative proportions of the three naturally occurring groups. Participants in the experimental conditions were instructed to bring their image to mind as vividly as possible and concentrate on it for 20 seconds (timed by the software). They then rated its vividness on a 0-100 visual analogue scale (VAS) labelled 'Not at all vivid' to 'Extremely Vivid'. They then completed the post-test state measures and were asked to keep their image in mind while doing so. As a manipulation check, participants rated the degree to which they kept their image in mind during the post-test measures.

Participants in the control condition did not visualise their image and instead completed a computerised card sorting task for approximately 3 minutes. They rated the degree to which their image intruded during the post-test measures.

Finally, all participants underwent the mood reversal task before debriefing.

### Analysis.

*Manipulation checks.*

Participants in the imagery groups (i.e. those who brought to mind imagery of self or others during the experiment) rated the vividness of their initial visualisation, providing scores between 0 and 100. These scores were compared between the two image groups (self and others) using a one-way ANOVA. At the end of the study, participants in the imagery conditions rated the degree to which they kept their image in mind during the post-test measures, providing scores between 0 and 100. These scores were compared between the two image groups using a one-way ANOVA. Participants in the imagery groups also provided a brief description of their image follo wing the visualisation. Image descriptions were analysed to ensure that the focus of the image clearly matched that reported by the participant. That is to say, image descriptions provided by individuals in the self-image group were checked to ensure that they clearly and unambiguously related to the self and not others, and image descriptions provided by participants in the image-of-others condition were checked to ensure that they clearly involved others as well as the self. Blind to the condition of the participants, I examined each image description and labelled it 'self' or 'self and others'. These labels were verified by an independent observer, also blind to the condition of the participants. Labels were then compared to group allocations and any incongruous cases, or cases that were too ambiguous to be given a label, were removed.

Participants in the control condition did not visualise their imagery but rated the degree to which their image intruded during the post-test scales. The study aimed to compare active imagery to no active imagery, and so participants experiencing significant intrusion were removed using the criteria stipulated by the working memory and imagery literature (<40 on 0-100 scale) (e.g. Engelhard et al., 2011).

*Trait variables.*

Trait variables (anxiety, social anxiety, paranoia, and self-esteem) were compared between groups (self-image, image-of-others, and control) using a one-way ANOVA.

*Main analysis.*

Change scores for each state variable were computed and compared between groups using one-way, univariate ANOVAs with condition (self-image, image-of-others, or no-image / control) as the independent factor. Any trait variables that differed between groups would be included as covariates.

Where condition had a significant effect on state change, statistical moderation analyses were conducted to investigate any moderating effects of trait variables on corresponding state variable change. For example, we tested whether increases in state paranoia were greater for individuals who were high in trait paranoia when intrusive images of the self or others where visualised.

**Results**

A total of 53 participants experienced self-images. Twelve fell into the control group, and six were removed due to their images not relating to social settings (e.g. 'failing my exams'). This left 35 participants in the experimental group who experienced appropriate self-images (e.g. '[Imagining] that there is something wrong with my appearance').

One-hundred-and-fourteen participants experienced images involving others. Twenty-eight fell into the control group. Seventy participants in the experimental condition experienced appropriate images. Most of these images (61) also involved the self, such as, 'My actions making someone I care about feeling upset or hurt and the image of them repeating my negative actions in order to get back at me'. The remaining nine images in this group involved other people only (and no representation of the self), such as, 'Imagining being criticised, laughed at, and talked about behind my back by friends.' Of the 28 images in the control group, 4 images were of others only and 24 also involved the self. The 16 excluded images did not relate specifically to social situations. Twelve involved both the self and others (e.g. 'Being a victim in a car crash'), and four involved others only (e.g. 'Getting a phone call that my mum died').

**Trait measures and control variables**

Internal consistencies for the trait and state measures by group can be seen in table 3. All measures showed good internal consistencies for each group. Descriptive statistics can be seen in Table 4.

A one-way ANOVA showed no differences in trait paranoia (PS scores), $F(3, 141) = 1.79$, $p = .152$; self-esteem (RSES scores), $F(3, 141) = .85$, $p = .70$; social anxiety (SPS scores), $F(3, 141) = 1.91$, $p = .131$; or anxiety (STAI-T scores), $F(1, 141) = 1.07$, $p = .366$ between groups. Therefore, trait variables were not included as covariates in the subsequent analyses.

A one-way ANOVA showed that images were visualised more vividly in the image-of-others condition (M = 64.36, SD = 25.08), than in the self-image condition (M = 51.97, SD =26.45), $F(1, 103) = 5.49$, $p = .021$. A one-way ANOVA showed no differences in the degree to which images were kept in mind during the post-test measures between the experimental self-image (M = 53.49, SD = 25.10) and image-of-others (M = 53.86, SD = 24.22) groups, $F(1, 103) = .01$, $p = .942$, and no differences in the degree to which images intruded during the post-test measures between the self-images and images-of-others in the control condition, $F(1, 38) = .00$, $p = .976$.

Table 3

Internal consistencies (Cronbach's α) for each group (self-image, image-of-others, and control) and the whole sample.

| | Internal Consistency (Cronbach's α) | | | |
|---|---|---|---|---|
| | **Self** | **Others** | **Control** | **Whole sample** |
| **Trait Measures** | N = 35 | N = 70 | N = 40 | N = 145 |
| Paranoia Scale (PS) | .95 | .91 | .92 | .93 |
| Rosenberg Self-Esteem Scale (RSES) | .93 | .91 | .92 | .92 |
| Social Phobia Scale (SPS) | .95 | .96 | .94 | .95 |
| State-Trait Anxiety Inventory – Trait (STAI-T) | .93 | .91 | .94 | .93 |
| **Pre-test State Measures** | | | | |
| Paranoia Checklist (PC) | .94 | .93 | .94 | .94 |
| State Self-Esteem Scale (SSES) | .94 | .93 | .95 | .95 |
| Liebowitz Social Anxiety Scale (LSAS) | .96 | .95 | .95 | .95 |
| State Trait Anxiety Inventory – State (STAI-S) | .95 | .93 | .95 | .94 |
| Positive and Negative Affect Schedule – Positive Affect | .92 | .88 | .94 | .92 |

(PANAS-PA)

| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | .88 | .91 | .92 | .91 |
|---|---|---|---|---|

Table 4

Mean scores and SDs for trait measures, state measures, and state change scores.

| Trait Measures | Self Mean (SD) | Others Mean (SD) | Control Mean (SD) | Whole sample Mean (SD) |
|---|---|---|---|---|
| | N = 35 | N = 70 | N = 40 | N = 145 |
| Paranoia Scale (PS) | 44.46 (17.14) | 51.01 (14.41) | 48.38 (14.89) | 48.70 (15.36) |
| Rosenberg Self-Esteem Scale (RSES) | 26.00 (6.44) | 25.00 (5.61) | 26.50 (6.42) | 25.66 (6.04) |
| Social Phobia Scale (SPS) | 23.31 (17.08) | 30.00 (18.43) | 26.10 (16.87) | 27.31 (17.79) |
| State-Trait Anxiety Inventory – Trait (STAI-T) | 50.17 (12.08) | 52.47 (10.97) | 49.03 (12.72) | 50.97 (11.76) |

**Pre-test State Measures**

| | Self | Others | Control | Whole sample |
|---|---|---|---|---|
| Paranoia Checklist (PC) | 13.43 (15.33) | 17.30 (15.60) | 17.73 (16.71) | 16.48 (15.84) |
| State Self-Esteem Scale (SSES) | 42.09 (16.75) | 37.91 (15.88) | 39.95 (18.27) | 39.48 (16.74) |
| Liebowitz Social Anxiety Scale (LSAS) | 29.80 (15.42) | 36.11 (16.20) | 30.93 (15.09) | 33.16 (15.87) |
| State Trait Anxiety Inventory – State (STAI-S) | 42.29 (13.27) | 45.20 (11.45) | 41.03 (12.53) | 43.34 (12.26) |
| Positive and Negative Affect Schedule – Positive Affect | 16.57 (8.44) | 11.81 (7.23) | 15.70 (10.19) | 14.03 (8.64) |

(PANAS-PA)

| | | | | |
|---|---|---|---|---|
| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | 4.77 (6.12) | 6.37 (7.49) | 5.28 (7.30) | 5.68 (7.12) |

**Post-test State Measures**

| | | | |
|---|---|---|---|
| Paranoia Checklist (PC) | 20.06 (17.45) | 27.36 (18.11) | 16.65 (16.76) |
| State Self-Esteem Scale (SSES) | 35.69 (16.95) | 31.26 (16.90) | 39.45 (18.66) |
| Liebowitz Social Anxiety Scale (LSAS) | 32.91 (15.67) | 40.00 (18.40) | 30.03 (15.66) |
| State Trait Anxiety Inventory – State (STAI-S) | 52.77 (12.39) | 56.93 (9.46) | 44.43 (14.63) |
| Positive and Negative Affect Schedule – Positive Affect (PANAS-PA) | 12.34 (7.43) | 7.74 (6.55) | 14.10 (10.96) |
| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | 12.34 (10.34) | 14.16 (9.84) | 6.75 (9.36) |

**Change Scores**

| | | | |
|---|---|---|---|
| Paranoia Checklist (PC) | 6.63 (9.91) | 10.06 (13.20) | -1.08 (5.12) |
| State Self-Esteem Scale (SSES) | -6.40 (9.59) | -6.66 (7.12) | -.50 (4.52) |
| Liebowitz Social Anxiety Scale | 3.11 | 3.89 | -.90 |

| | | | |
|---|---|---|---|
| (LSAS) | (7.13) | (7.46) | (3.32) |
| State Trait Anxiety Inventory – State (STAI-S) | 10.49 (11.41) | 11.73 (9.99) | 3.40 (5.96) |
| Positive and Negative Affect Schedule – Positive Affect (PANAS-PA) | -4.23 (5.55) | -4.07 (4.23) | -1.60 (4.34) |
| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | 7.57 (7.76) | 7.79 (7.32) | 1.48 (4.04) |

**Changes in state measures**

Descriptive statistics for state measures and means and SDs for change scores can be seen in table 4. Graphs to show changes in state variables by group can be seen in figure 8. The following analyses showed effects of active imagery relative to control (no active imagery) on state variables, and no differences between the self-focused and other-focused imagery conditions.

**Paranoia:** A one-way, univariate ANOVA revealed significant differences in state paranoia (PC change scores) between conditions (self-image, image-of-others, or no-image / control), $F(2, 142) = 13.71$, $p < .001$, $\eta_p^2 = .162$. Games-Howell post-hoc tests revealed that the increase in paranoia was significantly larger in the self-image condition than in the control condition, $p < .001$, and significantly larger in the image-of-others condition than in the control condition, $p < .001$, but the increase in paranoia in the image-of-others condition relative to the self-image condition was not significant, $p = .301$.

Statistical moderation analysis was used to test for moderating effects of trait paranoia on state paranoia change according to group (control, self-image, or image-of-others). Using the PROCESS macro for SPSS, the two predictors (trait paranoia score and group) were entered simultaneously into the regression model. Trait paranoia did not moderate state paranoia change scores for the self-image group, $b$ = -.03, SE = .12, $t$ = -.21, $p$ = .837, nor the image-of-others group, $b$ = -.15, SE = .14, $t$ = -1.07, $p$ = .289.

**Self-esteem:** A one-way, univariate ANOVA revealed significant differences in state self-esteem (SSES change scores) between conditions, $F(2, 142)$ = 10.24, $p$ < .001, $\eta_p^2$ = .126. Games-Howell post-hoc tests showed a significantly greater decrease in self-esteem in the self-image condition than in the control condition, $p$ = .005, and a significantly greater decrease in the image-of-others condition than in the control condition, $p$ < .001. There were no differences in self-esteem change between the two image groups, $p$ = .989.

Statistical moderation analysis revealed no moderation effects of trait self-esteem on state self-esteem change for the self-image group, $b$ = -.30, SE = .29, $t$ = -1.06, $p$ = .291, nor the image-of-others group, $b$ = -.01, SE = .20, $t$ = -.08, $p$ = .940.

**Social anxiety:** A one-way, univariate ANOVA revealed significant differences in state social anxiety (LSAS change scores) between groups, $F(2, 142)$ = 7.20, $p$ = .001, $\eta_p^2$ = .092. Games-Howell post-hoc tests showed a significantly greater increase in social anxiety in the self-image condition than in the control condition, $p$ = .010, and a significantly greater increase in the image-of-others condition than in the control condition, $p$ < .001. There were no differences in social anxiety change between the two image groups, $p$ = .864.

Statistical moderation analysis revealed no moderation effects of trait social anxiety on state social anxiety change for the self-image group, $b$ = -.05, SE = .09, $t$ = -.51, $p$ = .613, nor the image-of-others group, $b$ = -.00, SE = .06, $t$ = -.03, $p$ = .98.

**Anxiety:** A one-way, univariate ANOVA revealed significant differences in state anxiety between groups, $F(2, 142)$ = 10.35, $p$ < .001, $\eta_p^2$ = .127. Games-Howell post-hoc tests revealed a significantly greater anxiety increase in the self-image condition than in the control condition, $p$ = .005, and a significantly greater anxiety increase in the image-of-others condition than in the control condition, $p$ < .001. There were no differences in anxiety change between the two image conditions, $p$ = .848.

Statistical moderation analysis revealed that trait anxiety significantly moderated anxiety change scores in the self-image group, $b$ = -.52, SE = .15, $t$ = -3.47, $p$ = .001, and the image-of-others group, $b$ = -.53, SE = .11, $t$ = -4.90, $p$ < .001. Inspection of the interaction plot (figure 7) indicates that lower trait anxiety scores are associated with higher changes in state anxiety following visualisation of intrusive imagery.
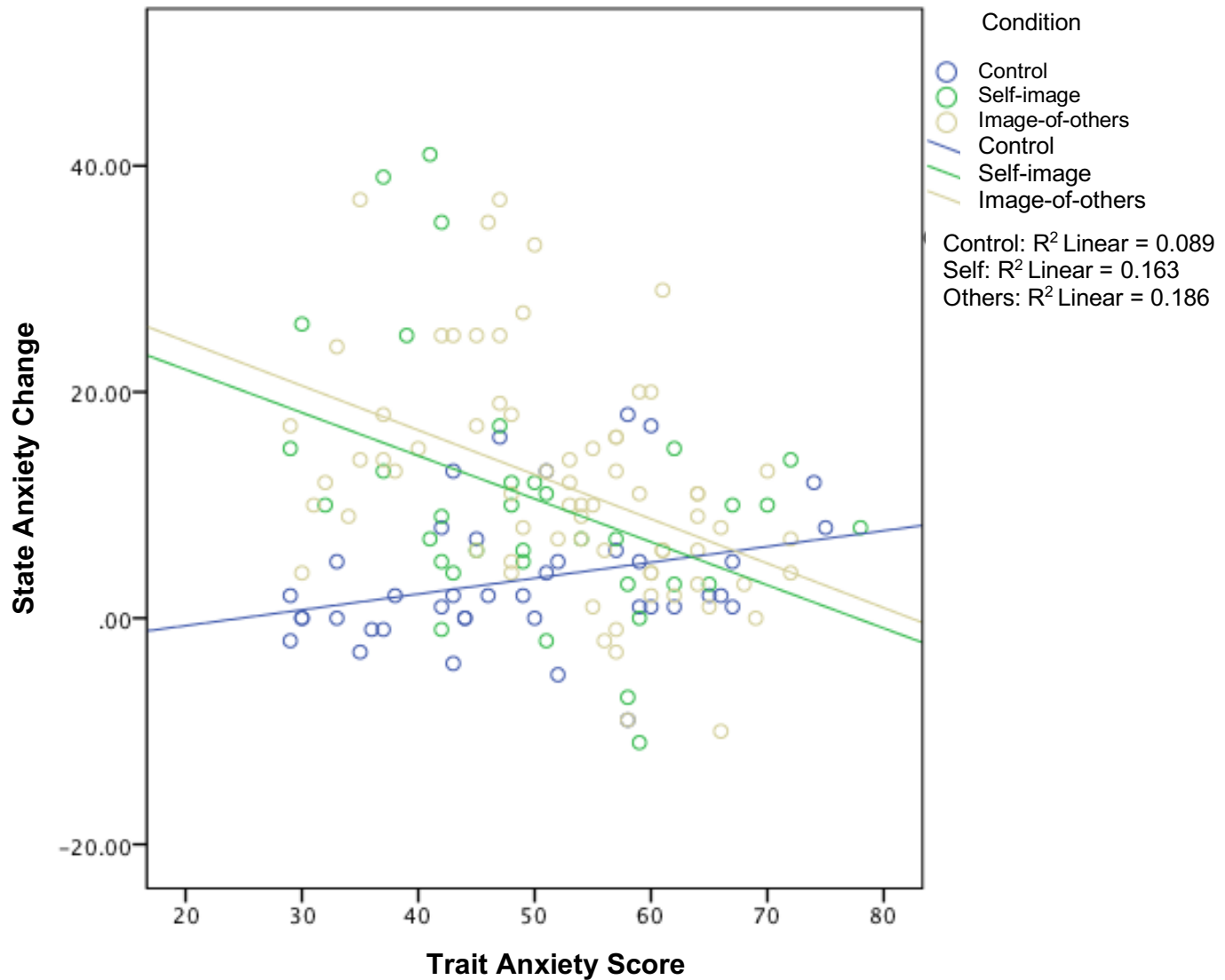
*Figure 7:* Scatter plot to show state anxiety change as a function of trait anxiety score between groups (control, self-image, or image-of-others).

**Negative affect:** A one-way, univariate ANOVA revealed significant differences in state negative affect (PANAS-NA change scores), between groups, $F(2, 142) = 12.56$, $p < .001$, $\eta_p^2 = .150$. Games-Howell post-hoc tests revealed a significantly greater increase in negative affect in the self-image condition than in the control condition, $p < .001$, and a significantly greater increase in negative affect in the image-of-others condition than in the control condition, $p < .001$. There were no differences in negative affect change between the two image groups, $p = .990$.

**Positive affect:** A one-way, univariate ANOVA revealed significant differences in state positive affect (PANAS-PA change scores) between conditions, $F(2, 142) = 8.71$, $p < .001$, $\eta_p^2 = .109$. Games-Howell post-hoc tests revealed a significantly greater decrease in positive affect in the image-of-others condition than in the control condition. The decrease in positive affect in the self-image condition relative to the control condition showed a trend in the expected direction but did not reach significance, $p = .069$. There were no differences in positive affect change between the two image groups, $p = .988$.
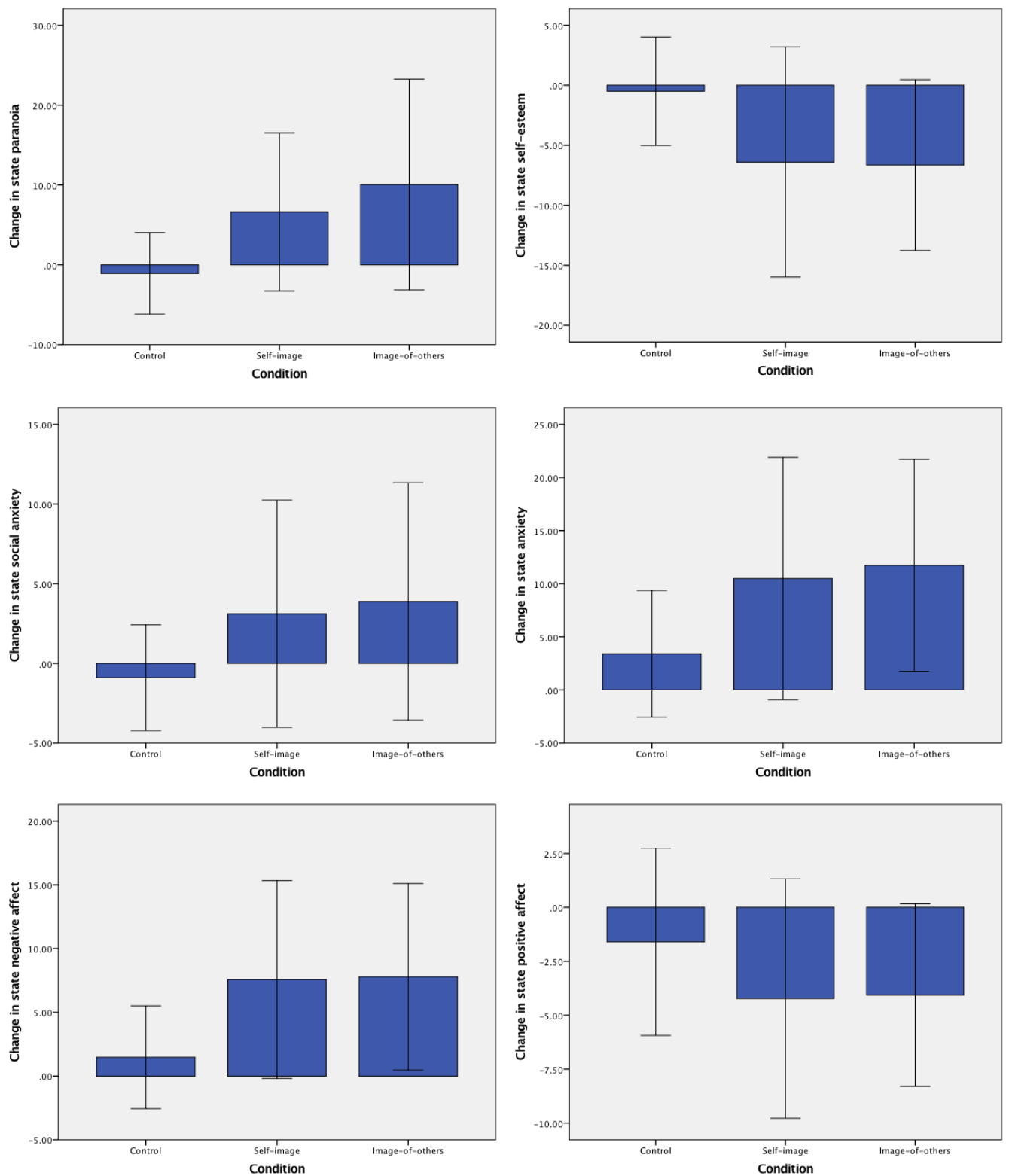
*Figure 8*: Bar charts show mean change in state paranoia (PC scores), self-esteem (SSES scores), social anxiety (LSAS scores), anxiety (STAI-S) scores, negative affect (PANAS-NA scores), and positive affect (PANAS-PA scores), for the control and experimental groups (self-images or images-of-others). +/- 1 SD.

**Discussion**

Results from Experiment One show that intrusive images involving both the self and others are more common than intrusive self-images. Images involving others only are rare. Images of others were visualised more vividly than self-images, which may be because images of others reflect the visual elements of autobiographical memories more closely than self-images. That is to say, participants have seen what others look like in social situations but will not have directly seen themselves in such situations.

The main prediction made by the theoretical model presented in Chapter One is that a negative self-concept (social self-consciousness) and a negative concept of others can both cause anxiety in social situations. Accordingly, I hypothesised that visualising a negative self-image (a manifestation of a negative self-concept) and visualising a negative image-of-others (a manifestation of a negative concept of others) would increase anxiety, social anxiety, and negative mood, and decrease positive mood, relative to the control condition and to the same degree. Crucially, these predictions were supported by the data: both image types caused similar increases in anxiety, social anxiety, and negative mood, and decreases in positive mood.

The theoretical model also predicts that negative concepts of self and others can cause one another, but that these causal pathways develop gradually over time. Accordingly, I predicted that bringing to mind both image types would decrease self-esteem relative to the control condition, but self-images more so. I also hypothesised that bringing to mind both image types would increase paranoia relative to the control condition, but images-of-others more so. These predictions were not

supported: visualising both image types increased state paranoia, and decreased self-esteem relative to the control condition. No differences on any state measures were observed between the image types.

My final hypothesis was that that effects on state variables would not be moderated by trait characteristics. This was based on previous findings that visualising negative imagery does not have a differential effect on individuals who are high and low in social anxiety (e.g. Hulme et al., 2012; Makkar & Grisham, 2011). The hypothesis was partially supported. Changes in state self-esteem, paranoia, and social anxiety following visualisation of imagery did not depend upon trait self-esteem, paranoia, or social anxiety levels, respectively. However, trait anxiety levels were found to moderate changes in state anxiety following visualisation of both image types. Interestingly, this fell in a counter-intuitive direction: increases in state anxiety were larger when participants were lower in trait anxiety.

Ostensibly, the fact that self-images increased paranoia and images-of-others decreased self-esteem support the model's predictions that negative concepts of self and others can cause one another. However, there are several issues with interpreting these results. First and foremost, it may be that deliberately visualising distressing negative imagery causes negative affect in a global way, irrespective of the content of the imagery. This is supported by increases in negative mood (as measured by the PANAS-NA), following visualisation of both image types. Secondly, if self-images do have a direct and specific effect on paranoia, and images-of-others have a direct and specific effect on self-esteem, the fact that the images used here were recurrent and intrusive means it is not clear from the data whether these effects develop gradually over time, as predicted by the model, or whether they can be immediate. Thirdly, images involving only others were rare. Most images-of-others

also involved the self. It is therefore more accurate to understand this group as images of both the self and others, in which case the observed decreases in self-esteem are to be expected.

The data show that the presence of others in intrusive social imagery does not increase its effects on anxiety, but do images need to involve the self in some way to cause social anxiety in the first place? Experiment One cannot answer this question because images involving others usually also involved the self. According to previous research and theory, the answer would be yes because self-images in particular are predicted to be a key cognitive maintenance mechanism in social anxiety (e.g. Clark & Wells, 1997; Rapee & Heimberg, 1997; 2010). However, according to the theoretical model presented in Chapter One, the answer would be no because images of others, which represent other-focused core fears, should cause social anxiety directly and independently of self-focused fears.

Experiment Two sought to answer these questions.

## Experiment Two: Voluntarily Generated Imagery

### Introduction

Experiment Two was designed to complement Experiment One. Participants who did not report experiencing any recurrent and intrusive social imagery in Experiment One were redirected to Experiment Two. In Experiment Two, participants completed the same trait and pre-test state measures used in Experiment One. They then visualised voluntarily generated negative social imagery, followed by the post-test state measures.

Experiment Two's use of voluntarily generated imagery means that it does not have the ecological validity of Experiment One, though its design has several other advantages. It was assumed in Experiment One that intrusive self-imagery would represent underlying self-focused anxiety, and that intrusive imagery of others would represent underlying other-focused anxiety. However, imagery of others typically appeared in conjunction with self-imagery rather than alone. In Experiment Two, I was able to deliberately frame image indication scripts to be entirely self-focused, or entirely focused upon others. Participants were instructed to think either of a time they felt embarrassed or ashamed due to their own behaviours or shortcomings, or of a time they felt threatened by others. Moreover, as these images were new, it was possible to investigate whether, against the predictions made in Chapter One, any transfer of anxiety between the self and others can take immediate effect. My hypotheses for Experiment Two were that the two types of imagery would have similar, detrimental effects on mood and anxiety but differential effects on paranoia and self-esteem, as follows:

1) Bringing to mind a negative self-image would:

    a. Decrease self-esteem

    b. Increase anxiety, social anxiety, and negative mood, and decrease positive mood to the same degree as bringing to mind a negative image-of-others

2) Bringing to mind a negative image-of-others would:

    a. Increase paranoia

    b.   Increase anxiety, social anxiety, and negative mood, and decrease positive mood, to the same degree and bringing to mind a negative self-image

3)   Effects on state variables would not be moderated by corresponding trait characteristics:

    a.   Increases in state paranoia would not vary according to levels of trait paranoia

    b.   Increases in state social anxiety would not vary according to levels of trait social anxiety

    c.   Increases in state anxiety would not vary according to levels of trait anxiety

    d.   Decreases in state self-esteem would not vary according to levels of trait self-esteem

**Method**

**Participants.**

Participants who did not experience intrusive social imagery in Experiment One (90 participants) proceeded to Experiment Two. Six participants were unable to think of a suitable image, leaving a total of 84 participants, mean age = 22.69, SD = 8.51, age range = 18 – 63, 62 females. Most participants (70.2%) were from the South West of England, and 98.81% were from the UK. Thirteen participants in Experiment Two (15.48%) indicated having received a psychological or psychiatric diagnosis including depression (9 participants, 10.71%); an anxiety disorder (8 participants, 9.52%); social anxiety (2 participants, 2.38%%); panic disorder (1

participant, 1.19%); psychosis (1 participant); OCD (1 participant); an eating disorder (1 participant); Autism Spectrum Disorder (1 participant); and ADHD (1 participant). One participant declined to respond to this question.

### Materials.

**Trait measures:** Anxiety (STAI-T); self-esteem (RSES); social anxiety (SPS); and paranoia (PS). (See Experiment One for details).

**State Measures:** Anxiety (STAI-S); self-esteem (SSES); social anxiety (LSAS); and paranoia (PC). (See Experiment One for details).

**Manipulation checks:** The program asked participants in the experimental conditions (who brought to mind imagery) to rate the vividness of their image visualisation on a 0-100 VAS (labelled 'Not at all vivid' to 'Completely vivid'), and provide a short, free-text description of the image they generated and imagined. It also asked participants in the imagery groups to rate the extent to which they kept their image in mind during the post-test measures on a 0-100 VAS labelled 'Not at all' to 'Completely'.

**Mood reversal task:** See Experiment One.

### Image Induction Scripts.

**Negative self-images:** Participants in the negative self-image condition were asked to think of a time they felt anxious or distressed in a social situation due to their own behaviour or shortcomings. Examples included giving a talk or presentation and feeling that they were doing a bad job; blushing, trembling, sweating, tripping

over words, or similar in front of others; feeling that they were not as attractive,

likable or successful as others; and doing or saying something embarrassing or

shameful. Participants were asked to visualise how they would have looked and

sounded to someone else present during the situation they chose. They were

prompted with the following questions: 'What did your face and body look like?';

'What did your voice sound like (if applicable)?'; and 'How did you feel?'.

**Negative images-of-others:** To induce negative images of others,

participants were asked to think of a time they were made to feel anxious or

distressed by one or more individuals they believed to have negative intentions

towards them even though they had done nothing wrong or out of the ordinary.

Examples included a stranger following them home at night; someone who was out

to get them for no reason; someone who tried to harm, upset, or irritate them;

someone who wanted to see them fail; someone who betrayed them behind their

back; someone being deliberately difficult or trying to catch them out; and someone

they do not trust. Participants were asked to concentrate on how the other person or

people looked and sounded. They were prompted as follows: 'What did their face

and body look like?'; 'What did their voice sound like (if applicable)?', and 'How did

they make you feel?'.

**Design**

The study used a single-factor, between-subjects design. The factor was

imagery, which had three levels: self-imagery, imagery-of-others, and no imagery.

Each level corresponds to a between-subjects condition, with 'no imagery'

constituting the control condition. Participants were allocated to one of the three

conditions using a block randomisation procedure to maintain roughly equal group sizes (Frane, 1998). State affect (paranoia, self-esteem, social anxiety, anxiety, and mood) was measured pre-test and post-test to calculate change scores.

**Procedure.**

Ethical approval for Experiment Two was granted by the University of Plymouth Health and Human Sciences Ethics Committee. Experiment Two was also computerised. After briefing and informed consent, participants completed some demographic questions followed by the trait measures and then the pre-test state measures. Participants who did not experience intrusive imagery were randomly allocated to one of three conditions in which they visualised a negative self-image, visualised a negative image of others, or completed a control task. Participants allocated to the experimental conditions read the image induction script (see above) and were instructed to take a moment to consider the prompt questions until they had formed a clear image. They then visualised their image for 20 seconds (timed by the software), rated its vividness on a 0-100 VAS labelled 'Not at all vivid' to 'Extremely vivid', and briefly described it. They were then instructed to keep their image in mind while completing the post-test measures. After completing the post-test scales, they rated the degree to which they held their image in mind while completing the post-test measures on a 0-100 VAS labelled 'Not at all' to 'Completely'.

Participants in the control condition undertook a computerised card sorting task for approximately 3 minutes. They then completed the post-test measures with

no concurrent activity. All participants then underwent the mood reversal task before debriefing.

**Analysis.**

*Manipulation checks.*

Participants in the experimental groups (i.e. those who brought to mind imagery of self or others) rated the vividness of their initial visualisation, providing scores between 0 and 100. These scores were compared between the two image groups (self and others). At the end of the study, participants in the imagery conditions rated the degree to which they kept their image in mind during the post-test measures, providing scores between 0 and 100. These scored were compared between the two image groups using a one-way ANOVA. Participants in the imagery groups also provided a brief description of their image following the visualisation. As in Experiment One, image descriptions were analysed to ensure that the focus of the image clearly matched that reported by the participant. i.e. that images in the self condition were clearly and unambiguously focused on self and not others, and that images in the other people condition were clearly and unambiguously focused on others and not the self. Using the same procedure as in Experiment One, image descriptions were examined and labelled 'self' or 'others' by the investigator and an independent observer, both of whom were blind to the condition of the participants. Cases were removed where labels did not match condition allocation, or where descriptions were too ambiguous to be given a label.

*Trait variables.*

Trait variables (anxiety, social anxiety, paranoia, and self-esteem) were compared between groups using a one-way ANOVA.

*Main analysis.*

Change scores for each state variable were computed. Change scores were compared between groups using one-way ANCOVAs with condition (control, voluntarily-generated self-image or voluntarily-generated image of others) as the factor and corresponding trait variables as covariates.

Where condition had a significant effect on state change, statistical moderation analyses were conducted to investigate any moderating effects of trait variables on corresponding state variable change. For example, we tested whether increases in state paranoia were greater for individuals who were high in trait paranoia when they generated images of the self or others.

**Results**

In the self-image condition, 27 participants (84.38%) generated appropriate images such as 'giving a presentation in a group, my voice was stuttering, hands sweating and my face was red.' Five participants generated images that were more focused on others (e.g. '[my friends] were too busy with everyone else that they didn't acknowledge me') and so were removed. Twenty-six participants (96.30%) in the imagery-of-others condition generated suitable images, such as, 'Friends laughing and joking about me in front of me'. One participant generated an image in which his own behaviour was unusual ('I was really drunk throwing up everywhere…

people were saying mean things about me and laughing') and so was excluded from the analysis.

**Trait measures and control variables.**

Internal consistencies for trait and state measures by group can be seen in Table 5. All measures show good internal consistencies for each group. Descriptive statistics for trait, state, and control measures can be seen in table 6.

A one-way ANOVA revealed no differences between groups in trait paranoia (PS scores), $F(2, 81) = .30$, $p = .746$; self-esteem (RSES scores), $F(2, 81) = .11$, $p = .899$; social anxiety (SPS scores), $F(2, 81) = 1.76$, $p = .179$; or anxiety (STAI-T scores), $F(2, 81) = .51$, $p = .601$.

A one-way ANOVA on pre-test state measures showed no differences between groups in paranoia (PC scores), $F(2, 81) = .11$, $p = .900$; self-esteem (SSES scores), $F(2, 81) = 2.12$, $p = .126$; social anxiety (LSAS scores), $F(2, 81) = 1.38$, $p = .257$; anxiety (STAI-S scores), $F(2, 81) = 1.22$, $p = .300$; negative affect (PANAS-NA scores), $F(2, 81) = .663$, $p = .518$; or positive affect (PANAS-PA scores), $F(2, 81) = .386$, $p = .681$.

Participants' images were equally vivid when visualised (self-image M = 56.56, SD = 25.73; image-of-others M = 55.85, SD = 27.51; $t(51) = -.10$, $p = .923$) and were held in mind to a similar degree during the post-test state measures (self-image M = 55.56, SD = 23.90; image-of-others M = 48.88, SD = 30.59; $t(51) = -.89$, $p = .379$) between image groups.

Table 5

Internal consistencies (Cronbach's α) for each group (self-image, image-of-others, and control) and the whole sample.

| | Internal Consistency (Cronbach's α) | | | |
| --- | --- | --- | --- | --- |
| **Trait Measures** | **Self** N = 27 | **Others** N = 26 | **Control** N = 31 | **Whole sample** N = 84 |
| Paranoia Scale (PS) | .91 | .87 | .91 | .90 |
| Rosenberg Self-Esteem Scale (RSES) | .95 | .92 | .91 | .93 |
| Social Phobia Scale (SPS) | .95 | .90 | .94 | .94 |
| State-Trait Anxiety Inventory – Trait (STAI-T) | .95 | .95 | .93 | .94 |

**Pre-test State Measures**

| | | | | |
| --- | --- | --- | --- | --- |
| Paranoia Checklist (PC) | .92 | .89 | .94 | .92 |
| State Self-Esteem Scale (SSES) | .96 | .95 | .93 | .95 |
| Liebowitz Social Anxiety Scale (LSAS) | .96 | .96 | .93 | .95 |
| State Trait Anxiety Inventory – State (STAI-S) | .95 | .94 | .94 | .94 |

| | | | | |
|---|---|---|---|---|
| Positive and Negative Affect Schedule – Positive Affect (PANAS-PA) | .95 | .94 | .89 | .93 |
| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | .87 | .93 | .87 | .89 |

Positive and Negative Affect Schedule – Positive Affect

.95 .94 .89 .93

Table 6

Mean scores and SDs for trait measures, state measures, and state change scores.

| Trait Measures | Self Mean (SD) | Others Mean (SD) | Control Mean (SD) | Whole sample Mean (SD) |
|---|---|---|---|---|
| | N = 27 | N = 26 | N = 31 | N = 84 |
| Paranoia Scale (PS) | 42.63 (14.59) | 40.12 (11.52) | 40.42 (13.20) | 41.04 (13.07) |
| Rosenberg Self-Esteem Scale (RSES) | 28.26 (6.94) | 29.00 (6.44) | 28.90 (5.92) | 28.73 (6.35) |
| Social Phobia Scale (SPS) | 24.41 (17.87) | 16.85 (11.11) | 20.00 (14.47) | 20.44 (14.91) |
| State-Trait Anxiety Inventory – Trait (STAI-T) | 45.19 (13.82) | 43.19 (13.32) | 41.74 (11.76) | 43.30 (12.86) |

**Pre-test State Measures**

| | | | | |
|---|---|---|---|---|
| Paranoia Checklist (PC) | 11.63 (14.00) | 10.04 (9.73) | 11.10 (14.05) | 10.94 (12.71) |
| State Self-Esteem Scale (SSES) | 41.96 (19.36) | 45.65 (16.76) | 51.06 (14.73) | 46.46 (17.18) |
| Liebowitz Social Anxiety Scale (LSAS) | 33.11 (16.96) | 26.50 (15.68) | 28.23 (12.76) | 29.26 (15.19) |
| State Trait Anxiety Inventory – State (STAI-S) | 39.30 (12.61) | 34.88 (11.42) | 35.26 (10.69) | 36.44 (11.59) |
| Positive and Negative Affect Schedule – Positive Affect (PANAS-PA) | 16.41 (10.91) | 17.00 (9.85) | 18.55 (8.17) | 17.38 (9.57) |

| | | | | |
|---|---|---|---|---|
| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | 4.07 (5.50) | 2.35 (5.32) | 3.29 (5.56) | 3.25 (5.44) |

## Post-test State Measures

| | | | |
|---|---|---|---|
| Paranoia Checklist (PC) | 16.85 (16.66) | 19.54 (16.14) | 8.74 (12.43) |
| State Self-Esteem Scale (SSES) | 35.00 (21.54) | 45.65 (16.76) | 52.61 (14.65) |
| Liebowitz Social Anxiety Scale (LSAS) | 35.63 (18.27) | 29.12 (15.91) | 26.26 (11.44) |
| State Trait Anxiety Inventory – State (STAI-S) | 47.41 (14.86) | 45.23 (13.44) | 36.58 (10.62) |
| Positive and Negative Affect Schedule – Positive Affect (PANAS-PA) | 11.93 (10.13) | 14.27 (9.48) | 15.84 (9.74) |
| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | 8.85 (8.516) | 7.58 (7.59) | 2.77 (5.28) |

## Change Scores

| | | | |
|---|---|---|---|
| Paranoia Checklist (PC) | 5.22 (12.00) | 9.50 (12.36) | -2.35 (5.74) |
| State Self-Esteem Scale (SSES) | -6.96 (8.69) | -2.23 (9.85) | 1.55 (6.28) |
| Liebowitz Social Anxiety Scale (LSAS) | 2.52 (6.50) | 2.62 (7.87) | -1.97 (4.34) |
| State Trait Anxiety Inventory – State (STAI-S) | 8.11 (11.82) | 10.35 (8.56) | 1.32 (5.61) |

| | | | |
|---|---|---|---|
| Positive and Negative Affect Schedule – Positive Affect (PANAS-PA) | -4.48 (7.31) | -2.73 (6.08) | -2.71 (4.57) |
| Positive and Negative Affect Schedule – Negative Affect (PANAS-NA) | 4.78 (8.02) | 5.23 (7.23) | -.5161 (2.91) |

**Changes in state measures.**

Descriptive statistics for state measures and means and SDs for change scores can be seen in table 6. Graphs to show changes in state variables by group can be seen in figure 10. The following analyses show consistent effects of active imagery relative to no active imagery (control) on state variables, with no differences between the two image types (self or others) on any state variables except self-esteem.

**Paranoia:** A one-way univariate ANCOVA showed that, controlling for trait paranoia (PS scores), there were significant differences between image groups (control, self-image, or image-of-others) in state paranoia (PC change scores), $F(2, 80) = 9.82$, $p < .001$, $\eta^2 = .197$. Planned contrast tests showed that state paranoia increased significantly more in the self-image and image-of-others groups than in the control group, $p = .006$ and $p < .001$, respectively, but the increase in paranoia in the image-of-others condition relative to the self-image condition did not reach significance, $p = .153$.

Statistical moderation analysis was used to test for moderating effects of trait paranoia on state paranoia change according to group (control, self-image, or image-of-others). Using the PROCESS macro for SPSS, the two predictors (trait paranoia score and group) were entered simultaneously into the regression model. Trait paranoia did not moderate state paranoia change scores for the self-image group, $b$ = -.04, SE = .14, $t$ = -.26, $p$ = .793, nor the image-of-others group, $b$ = .30, SE = .24, $t$ = -1.26, $p$ = .212.

**Self-esteem:** A one-way ANCOVA revealed significant differences between groups in state self-esteem (SSES change scores), controlling for trait self-esteem (RSES scores), $F(2, 80) = 7.52$, $p$ = .001, $\eta^2$ = .158. Planned contrasts showed that state self-esteem dropped significantly relative to the control condition for self-images, $p$ < .001, but not for images-of-others, $p$ = .093. Self-esteem dropped significantly more in the self-image group than the image-of-others group, $p$ = .042.

Statistical moderation analysis revealed no moderation effects of trait self-esteem on state self-esteem change for the images-of-others group, $b$ = .23, SE = .22, $t$ = .83, $p$ = .412. However, trait self-esteem significantly moderated state self-esteem change in the self-image group, $b$ = .71, SE = .22, $t$ = 3.28, $p$ = .002. Inspection of the interaction plot (figure 9) indicates that participants experienced a greater drop in self-esteem after visualising a self-image if they were lower in trait self-esteem.
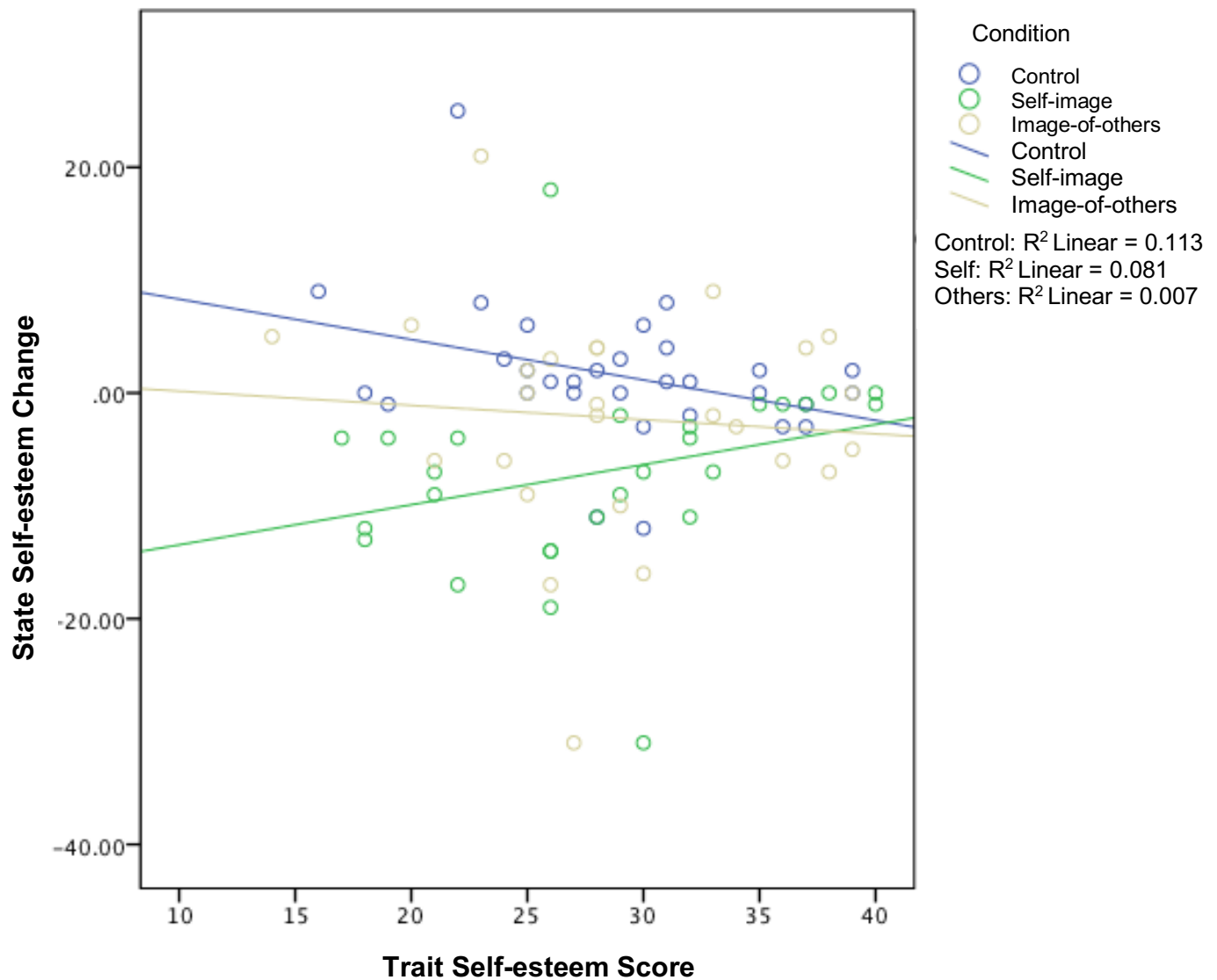
*Figure 9:* Scatter plot to show state self-esteem change as a function of trait self-esteem score between groups (control, self-image, or image-of-others).

**Social anxiety:** A one-way ANCOVA revealed significant differences between groups in state social anxiety (LSAS change scores), controlling for trait social anxiety (SPS scores), $F(2, 80) = 5.38$, $p = .006$, $\eta^2 = .119$. Planned contrasts showed that relative to the control group, state anxiety increased significantly in the self-image, $p = .004$, and image-of-others groups, $p = .011$, with no differences between image groups, $p = .758$.

Statistical moderation analysis revealed no moderation effects of trait social anxiety on state social anxiety change for the self-image group, $b$ = .05, SE = .08, $t$ = -.58, $p$ = .562, nor the image-of-others group, $b$ = -.01, SE = .10, $t$ = -.07, $p$ = .946.

**Anxiety:** A one-way ANCOVA revealed significant differences between groups in state anxiety (STAI-S change scores), controlling for trait anxiety (STAI-T scores), $F(2, 80)$ = 8.21, $p$ = .001, $\eta^2$ = .170. Planned contrasts showed that, relative to the control condition, anxiety increased significantly in the self-image, $p$ = .004, and image-of-others groups, $p$ < .001, with no differences between image groups, $p$ = .389.

Statistical moderation analysis revealed no moderation effects of trait anxiety on state anxiety change for the self-image group, $b$ = .09, SE = .17, $t$ = -.55, $p$ = .585, nor the image-of-others group, $b$ = .06, SE = .12, $t$ = .51, $p$ = .611.

**Negative mood:** A one-way ANOVA revealed significant differences between groups in negative affect (PANAS-NA change scores), $F(2, 81)$ = 7.49, $p$ = .001, $\eta_p^2$ = .156. Planned contrasts showed a significant increase in negative affect relative to the control condition in both the self-image, $p$ = .002, and image-of-others groups, $p$ = .001, with no differences between image conditions, $p$ = .795.

**Positive mood:** A one-way ANOVA revealed no differences between groups in positive affect (PANAS-PA change scores), $F(2, 81)$ = .783, $p$ = .460.
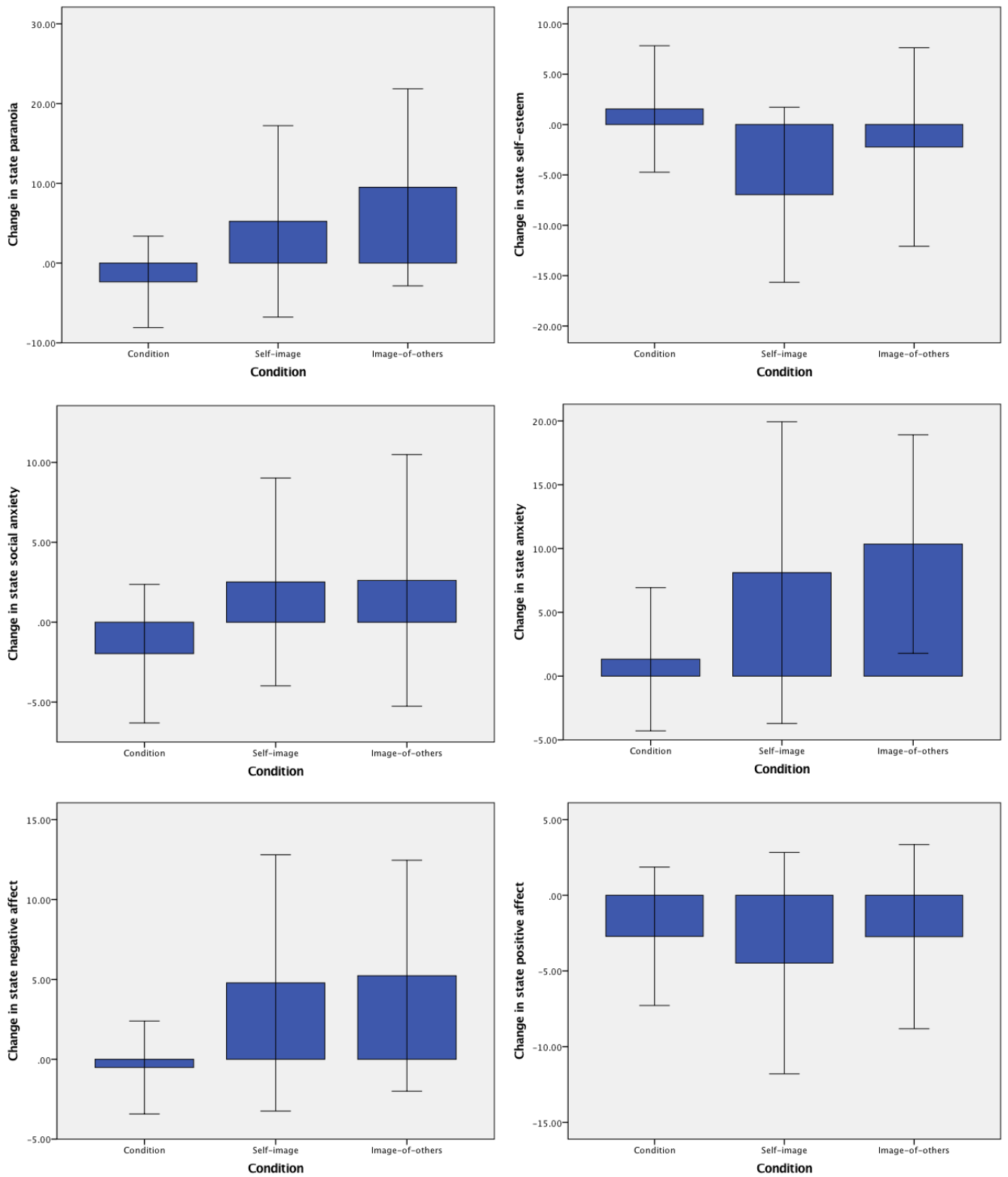
*Figure 10*: Bar charts to show mean change in state paranoia (PC scores), self-esteem (SSES scores), social anxiety (LSAS scores), anxiety (STAI-S) scores, negative affect (PANAS-NA scores), and positive affect (PANAS-PA scores), for condition (control, voluntarily-generated negative self-image, or voluntarily-generated image of others).

**Discussion**

Crucially, Experiment Two replicated the finding that visualising negative self-images and negative images-of-others both increase state anxiety, social anxiety, and negative mood to the same degree. This is in accordance with my hypotheses, and prediction one of the theoretical model. Contrary to my predictions, neither image type decreased positive mood. The theoretical model predicted that other-focused fears can cause anxiety in social situations independently of self-focused fears. The intrusive images-of-others in Experiment One usually also involved the self, and so it wasn't clear whether images of others could cause social anxiety, or whether images needed to involve the self in order to cause social anxiety. Images in Experiment Two were voluntarily generated, which allowed me to ensure that they represented *either* self-focused *or* other-focused fears. Experiment Two showed that images-of-others did increase social anxiety, even though they were focused on others and not the self. This suggests that as predicted by the theoretical model, anxiety in social situations can be caused by other-focused fears independently of self-focused fears.

As previously discussed, one issue with this interpretation is that negative imagery has a non-specific, global effect on affect, regardless of its content. That is to say that images-of-others may behave similarly to self-images not because there is anything special about them with regards to social anxiety, but because their being negative is enough to have a global negative impact on measures of affect, including social anxiety. However, as predicted, self-images but not images-of-others caused self-esteem to decrease. This shows that images-of-others did not have a non-specific and global impact on affect. Rather, they had specific effects on social anxiety, anxiety, paranoia, and negative mood. They did not affect self-esteem or

positive mood. Moreover, this shows that not all negative images behave similarly just because they are negative: the content of the imagery determines its specific effects. I also predicted that only images-of-others would increase paranoia. However, both image types increased paranoia, and this increase was not significantly larger in the images-of-others condition than in the self-images condition.

My final hypothesis – that changes in state variables would not be moderated by trait variables – was again partially supported. Paranoia, social anxiety, and anxiety were not moderated by their corresponding trait characteristics. However, decreases in state self-esteem were greater for individuals already low in trait self-esteem, after visualising a negative self-image only (see table 6 for descriptive statistics).

### Additional comparisons of participants in Experiments 1 and 2

Exploratory analyses were conducted to investigate whether experiencing intrusive social imagery was associated with higher levels of trait psychopathological characteristics. A one-way ANOVA showed that participants who experienced intrusive social imagery had significantly higher PS scores, $F(1, 227) = 14.74$, $p < .001$; SPS scores, $F(1,227) = 8.90$, $p = .003$; and STAI-T scores, $F(1,227) = 21.12$, $p < .001$, and significantly lower RSES scores, $F(1, 227) = 13.24$, $p < .001$, than participants who did not experience intrusive imagery (see tables 3 and 4 for descriptive statistics).

**General discussion**

The main finding reported here is that negative mental imagery involving other people causes anxiety and social anxiety to the same degree as negative self-imagery. This finding provides experimental support for the major predictions of the model presented in Chapter One and the conclusions drawn from the qualitative investigation in Chapter Three. Both self-focused and other-focused fears cause social anxiety.

Chapter three showed that individuals who are high in social anxiety often experience intrusive imagery depicting others in a negative way, and place importance on their perceptions of the nature and intentions of others as well as on their own social competency. Together with the results presented here, these findings suggest that the role of perceptions of others may be underestimated in social anxiety. For example, models of social anxiety frequently emphasise the role of negative self-representations both in intrusive imagery and in cognition more generally (e.g. Clark & Wells, 1995; Rapee & Heimberg, 1997). As such, self-images are generally employed in experimental and analogue studies. However, in both experiments, there were no differential effects of self-images and images involving others on anxiety or social anxiety. This outcome is in opposition to early work showing that observer perspective self-imagery is more anxiety-inducing than field-perspective imagery of others (e.g. Hackmann, Surawy & Clark, 1998; Coles, Turk, Heimberg, & Fresco, 2001). This discrepancy is unlikely to be due to the fact that the study did not use a clinical sample, as participants' trait levels of anxiety and social anxiety did not moderate outcomes.

Experiment Two shows that images involving the self decrease self-esteem while images involving others only do not. This supports the idea that cognitive-emotional responses to experiencing negative imagery are specific to the content of the imagery, rather than globally and unselectively negative. Moreover, it suggests that although low self-esteem may play an important role in social anxiety (Hulme et al., 2012), it is not a necessary prerequisite for social anxiety, nor a consistent epiphenomenon. Negative images-of-others caused social anxiety without lowering self-esteem.

Both intrusive and voluntarily-generated self-images caused increases in paranoia. This finding extends those of Bullock et al. (2014) beyond highly paranoid samples. These effects were not more pronounced in individuals high in trait paranoia, suggesting that self-imagery may instigate paranoid ideation in individuals who do not already experience it. Based on current knowledge, intrusive images in paranoia are more likely to be of threatening or malicious others. The fact that images-of-others were found to increase paranoia support the notion that they may be a causal factor and / or maintenance mechanism in this regard (e.g. Lockett et al., 2012; Morrison et al., 2002).

The theoretical model in Chapter One predicts that a negative self-concept can cause a negative concept of others and vice versa. It assumes that these causal pathways develop gradually with repeated experience. In Experiment One, visualising negative self-images increased paranoia and visualising images-of-others decreased self-esteem. However, images were pre-existing and recurrently experienced, and so it was not possible to infer whether (against the predictions of the model) these causal pathways can take immediate effect. In Experiment Two, visualising newly generated images-of-others did not lower self-esteem. Therefore,

the data show that a negative concept of others does not lower self-esteem directly and immediately. In fact, because images-of-others in Experiment One generally also involved the self (and so were likely to also represent self-focused fears), there is no direct support for the proposed trajectory between other-focused and self-focused fears. Visualising voluntarily generated as well as intrusive self-images increased paranoia, which suggests that a negative self-concept can directly and immediately cause a negative concept of others. This goes against the model's prediction that trajectories between negative concepts of self and others develop gradually over time.

There are several interpretations of these conflicting findings regarding the proposed trajectories: i) the pathway from other-focused to self-focused fears requires time to develop but self-focused fears can immediately give rise to other-focused fears; ii) the pathway from self-focused fears to other-focused fears does require time to develop, and the findings are an artefact of the Paranoia Checklist measuring self-focused as well as other-focused fears (or being too ambiguous); iii) neither pathway requires time to develop, self-focused and other-focused fears do not incite one another gradually via the pathways proposed in the model, but via another mechanism that has immediate effects. This would mean that these findings may be an artefact of the State Self-Esteem Scale not measuring social self-consciousness specifically. Future work should seek to overcome this issue by developing scales specifically designed to measure self-focused or other-focused fears. Moreover, the intrusive images-of-others used in Experiment One usually also involved the self. Therefore, it is unclear whether images-of-others failed to affect self-esteem in Experiment Two because they were newly generated, or because they involved others only. Further analyses using intrusive images of others only

were not possible due to the low incidence of this image type. It would be interesting in future work to investigate its prevalence, nature, and effects relative to images involving the self.

The results support the key role of imagery in psychopathology. Additional comparisons showed that individuals who experienced intrusive social imagery demonstrated higher levels of trait paranoia, social anxiety, and general anxiety, and lower levels of trait self-esteem, than individuals who did not experience any intrusive social imagery. Causal relations between imagery and levels of trait characteristics cannot be inferred from these data. However, they reinforce the association between intrusive imagery and higher levels of distress observed in studies of social anxiety (e.g. Homer & Deeprose, 2017) and other anxiety disorders (e.g. Speckens et al., 2007). The theoretical model would predict that experiences of intrusive imagery would also be associated with higher levels of self-focused and other-focused fears. To investigate this, it would be necessary to develop novel psychometric measures of these constructs.

Self-esteem decreased more for individuals already lower in trait self-esteem after visualising an induced negative self-image. Individuals lower in trait anxiety experienced greater increases in state anxiety following visualisation of either intrusive image type. Aside from this, trait characteristics generally did not moderate state changes. This finding supports continua models of social anxiety and paranoia (see Chapter One for further discussion). It suggests that although intrusive imagery as a symptom of psychopathology may occur more often in individuals further along the continua, it is equally detrimental to individuals across the continua. Future work should investigate whether state affect is moderated by trait self-focused or other-

focused anxiety specifically. Again, this would require novel psychometric scales designed to measure these constructs specifically.

In addition to the theoretical implications described above, several implications for future experimental work and clinical practice can be drawn from these results. The studies highlight the need for clarity in the ways in which imagery is reported and operationalised in social anxiety and paranoia research. Currently, social anxiety-images are assumed to be self-images (e.g. Ng et al., 2014) and are often induced via image induction scripts. Chapter Three showed that images may also involve others, and the experiments reported here show that images behave differently depending on their content. Image content should therefore be clearly explained in research studies, in order to draw more concrete conclusions about the role of intrusive imagery in the maintenance of anxiety.

As previously discussed in Chapters One and Three, current diagnostic criteria for social anxiety emphasise self-focused fears ('The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e. will be humiliating or embarrassing; will lead to rejection or offend others)'; APA, 2013, p. 202). The theoretical model predicts that social fears can be focused on others independently of the self. Chapter Three's investigation revealed that highly socially anxious individuals place particular importance on their perceptions of the nature and intentions of others with regards to their experiences of social anxiety. Moreover, they do not always experience self-focused emotions such as shame or embarrassment. In accordance, these experiments show that negative images-of-others can cause social anxiety without lowering self-esteem. This suggests that some individuals' anxiety in social situations can be cause by other-focused rather

than self-focused fears, and these individuals may not meet diagnostic criteria for social anxiety disorder (see Chapter Six for further discussion of this point).

The studies reported here show that visualising negative images of the self and / or others causes increases in paranoia and social anxiety, regardless of trait paranoia and social anxiety levels, respectively. These effects justify the consideration of intrusive social imagery as a worthwhile treatment target in paranoia as well as social anxiety, and in sub-clinical as well as clinical distress. Along with the qualitative study presented in Chapter Three, these experiments show that individuals differ in the content of their social-anxiety images, and that this content determines how they experience anxiety. For example, images involving the self lower self-esteem. In clinical settings, it would therefore be beneficial to assess whether imagery predominantly involves self or others and to target interventions accordingly.

Both studies reported here relied on subjective measures of distress. Including objective measures such as implicit self-esteem would be a worthwhile addition to future replications. The studies used non-clinical, sub-clinical and mixed clinical participants. Consistent with the idea that mental health exists on continua, investigating sub-clinical symptomatology is inherently worthwhile to better understand aetiologies and to inform a prevention-rather-than-cure approach to mental health (see Chapter Two for further discussion of this topic). However, future research in clinically diagnosed socially anxious and paranoid populations would extend the generalisability of the results. This would also strengthen implications for applied research and clinical practice.

An important limitation of the studies is the fact that they were designed to investigate self-focused and other-focused social fears, but no measures of these constructs currently exist. Self-esteem scales were used to measure self-focused fears, or social self-consciousness, and paranoia scales were used to measure other-focused fears. Self-esteem and social self-consciousness are related but distinct constructs: one could feel completely inadequate when in social situations yet endorse statements such as, 'I feel as smart as others' (State Self-Esteem Scale). Additionally, items on paranoia scales can be ambiguous in that they are not always clearly focused upon others. For example, one could believe that, 'People have said insulting and unkind things about me' (Paranoia Scale) because of one's own perceived inadequacy. This reinforces the need for the development and validation of novel psychometric measures of self-focused and other-focused fears specifically.

**Conclusions**

The results show that a negative concept of others causes anxiety and social anxiety to the same degree as a negative self-concept. This supports the major prediction of the theoretical model presented in Chapter One. The studies also suggest that negative mental imagery may be a key factor in the maintenance of self-focused and other-focused fears, as well as a mechanism through which they cause anxiety in social situations. Implications for the potential causal pathways between self-focused and other-focused core fears are less clear and require further investigation.

# CHAPTER FIVE

## Testing Prediction Two:
## The relationship between self-focused and other-focused fears

*I worry that people may be laughing at me or judging me, then this leads me*
*to dwell on what might be wrong with me*
*to make them do this…*

– Study participant

### Overview

Prediction two of the theoretical model presented in Chapter One holds that self-focused fears and other-focused fears are correlated. It is not yet possible to investigate this prediction, because no psychometric measures of these core fears currently exist. Moreover, the previous chapters highlighted potential issues with existing psychometric measures of related constructs. Here, I develop and validate three new psychometric scales to measure self-focused fears, other-focused fears, and anxiety in social situations, and use them to test prediction two of the theoretical model.

## Introduction

Social anxiety and paranoia are highly correlated in both clinical (Birchwood et al., 2007; Cassano, Pini, Saettoni & Dell'Oso, 1999; Gilbert et al., 2005; Goodwin et al., 2003; Huppert & Smith, 2005; Michail & Birchwood, 2009; Newman-Taylor & Stopa, 2013; Pallanti, Quercioli & Hollander, 2004; Schutters et al., 2012) and non-clinical samples (Combs & Penn, 2004; Martin & Penn, 2001; Rietdjik et al., 2009; Schutters et al., 2012). They share several key characteristics. Both constructs involve maladaptive cognitions surrounding the self as a social object and perceptions of danger or threat in social situations, and both therefore result in anxiety, distress or discomfort around others (Clark & Wells, 1995; Fenigstein, 1984; Fenigstein & Vanable, 1992; Gilbert, Boxall, Cheung & Irons, 2005). The theoretical model presented in Chapter One proposes that anxiety in social situations can result from fears concerning the nature and intentions of other people as well as from self-focused fears. It draws upon the paranoia literature to explore negative views of others (see Chapter One for further discussion).

There are discrepancies in the literature regarding the degree to which social anxiety and paranoia are related. Correlations between them are weaker if individuals are clinically assessed than if they self-report their symptoms on psychometric scales, and measures of paranoia correlate with some measures of social anxiety more than others (Huppert & Smith, 2005). This may be because diagnostic interviews are more likely than self-report psychometric measures to differentiate between self-focused and other-focused core fears. Most items on psychometric measures relate to behaviours, beliefs, and feelings likely to be shared by socially anxious and paranoid individuals rather than the core beliefs that distinguish them. For example, items such as, 'When mixing socially, I am

uncomfortable' (Social Interaction Anxiety Scale; Mattick & Clarke, 1998); 'I get nervous that people are staring at me as I walk down the street' (Social Phobia Scale; Mattick & Clarke, 1998), and 'Parties and social events scare me' (Social Phobia Inventory; Connor et al., 2000), are ambiguous. Distress could result either from feelings of personal inadequacy or from a dislike or mistrust of others. Other social anxiety scales ask participants to rate their distress in particular situations such as, 'Being the centre of attention' (Social Interaction and Performance Anxiety and Avoidance Scale; Pinto-Gouveia, Cunha, & do Séu Salvador, 2003), or, 'Giving a report to a group' (Liebowitz Social Anxiety Scale; Liebowitz, 1987). These scales share the problem because they measure social discomfort but not its underlying cause.

Items on paranoia scales can also be ambiguous. For example, 'Strangers and friends look at me critically' (Paranoia Checklist; Freeman et al., 2005), and 'I'm sure I have been talked about behind my back' (Paranoia Scale, Fenigstein & Vanable, 1992). These items do not reveal whether individuals believe that they are likely to be criticised and talked about because of their personal inadequacy, or because of the malicious nature of others. A further issue in measuring paranoia is the distinction between paranoid ideation and genuine experiences of interpersonal hostility (Freeman et al., 2005). If someone really was being threatened or targeted by a specific individual or group, then their endorsement of items such as, 'People have said insulting and unkind things about me' or 'I am sure I am sure I have been talked about behind my back' (Paranoia Scale) would reflect accurate observation rather than pathological cognition.

Chapters three and four revealed further issues with existing measures. In Chapter Three, individuals whose interview responses indicated a considerable degree of other-focused fear scored average or below on the Paranoia Checklist. In the studies in Chapter Four, self-esteem scales were used as a measure related to self-focused anxiety and the Paranoia Checklist stood for other-focused anxiety. Drawing conclusions from their results was inhibited by discrepancies between these scales and the constructs in question. To illustrate, self-focused fears (or social self-consciousness) and self-esteem are related but distinct constructs. Social self-consciousness relates specifically to the self-concept with regards to social ability and adequacy, rather than global self-worth as measured by self-esteem scales. For example, a socially anxious individual may broadly agree with the statement, 'I feel as smart as others' (State Self-Esteem Scale), while nonetheless feeling completely inadequate in social settings. Moreover, the Paranoia Checklist is not an accurate measure of other-focused fears specifically because of the ambiguity of some of its items as discussed above. Therefore, without developing new scales, it is not possible to measure self-focused and other-focused fears accurately and specifically.

New scales designed to measure these constructs would facilitate investigation of prediction two of the theoretical model presented in Chapter One. This prediction holds that self-focused and other-focused fears are unimodally distributed and positively skewed in the general population, and that they are positively and linearly correlated with one another. This cannot be tested at present because no current scales directly measure core fears in relation to anxiety in social situations. Novel scales to measure these core fears will also facilitate more robust investigation into the two constructs and their relationship by allowing researchers to

determine the relative contributions of self-focused and other-focused fears to variables of interest. In clinical settings, such scales would have potential utility in identifying idiosyncratic treatment targets.

Here, I develop and validate three scales: the Self-Focused Anxiety Scale (Self-FAS); the Other-Focused Anxiety Scale (Other-FAS), and the Anxiety in Social Contexts Scale (ASCS). The aim was to produce measures of the hypothesised core fears underpinning anxiety in social situations (self or others), and a holistic measure of anxiety in social situations for comparison with previous research.

It is important to note that it is not possible to develop completely pure measures of beliefs about self and others independently of one another. This is especially true when these beliefs pertain to the self and others in social situations, i.e. situations that invariably involve *both* the self and others. The Self-FAS and Other-FAS were developed to go beyond previous social anxiety and paranoia scales in untangling and measuring these fears. Unlike previous social anxiety and paranoia scales, the Self-FAS specifically measures aspects of social anxiety that are associated with a negative self-concept. The Other-FAS specifically measures aspects associated with a negative concept of others. For example, items such as, 'I am nervous meeting people I don't know well' (Social Interaction Anxiety Scale), and 'Talking to strangers scares me' (Social Phobia Inventory), become, 'I don't like meeting new people because they probably won't like me' on the Self-FAS, and 'I don't like meeting new people because I need time to work them out' on the Other-FAS. Items such as, 'I need to be on my guard against others' (Paranoia Checklist) and 'I tend to be on my guard with people who are somewhat more friendly than expected' (Paranoia Scale) become, 'When meeting others, I often have my guard up so that they won't know how inferior I really am' on the Self-FAS, and 'When

meeting others, I often have my guard up so that they can't hurt me' on the Other-FAS.

The Other-FAS is also designed to minimise issues in measuring views of other people caused by the potential that items may reflect actual experiences of persecution. To this end, Other-FAS items are designed to reflect feelings and inferences about the nature of others in general, rather than specific instances of hostility. For example, unlike, 'People have said insulting and unkind things about me', (Paranoia Scale) which may reflect a genuine occurrence, the Other-FAS features items such as, 'Even my friends might talk about me behind my back because this is the sort of thing people do, given an opportunity', which represents a suspiciousness based on the premise that people in general are disposed towards hostile behaviours. The ASCS was designed to cover experiences of all of the key social interactions contained in its predecessors (e.g. the LSAS and SIPAAS) as concisely as possible. By measuring these three dimensions separately, the scales should provide a more precise yet holistic picture of individual experiences of social anxiety. Current social anxiety scales do not determine whether anxiety is primarily of the self or others. The Self-FAS, Other-FAS, and ASCS will not only reveal the extent of an individual's anxiety in social situations, but also the extent to which they experience self-focused and other-focused fears.

A large sample of participants, including healthy individuals and individuals who had received diagnoses of social anxiety, generalised anxiety disorder, or depression, completed the three new scales. Participants also completed several established measures of self-esteem, paranoia, persecutory ideation, social anxiety, and fear of negative evaluation. I made several predictions regarding validation of the scales:

1) The Self-FAS and Other-FAS would be single-factor scales with high internal consistencies

2) The scales would show good sensitivity, specificity, and criterion validity, i.e. they would discriminate between clinical and non-clinical groups:

   a. Scale scores would be higher for socially anxious individuals than for healthy individuals and those experiencing generalised anxiety or depression

   b. Scale scores would be higher for Individuals experiencing anxiety or depression than for healthy individuals

   c. There would be no differences in scale scores between individuals experiencing generalised anxiety and those experiencing depression

   d. There would be no differences in scale scores between healthy groups (undergraduates and members of the community)

3) The scales would show good construct validity:

   a. The Self-FAS would correlate strongly with measures of self-esteem and social anxiety, and moderately with measures of paranoia and persecutory ideation

   b. The Other-FAS would correlate strongly with measures of paranoia and persecutory ideation, and moderately with measures of social anxiety

   c. The ASCS would correlate strongly with measures of social anxiety, and moderately with measures of paranoia and self-esteem

Prediction two of the theoretical model presented in Chapter One holds that self-focused fears and other-focused fears would be highly correlated and would each show a positively skewed distribution in the general population. I therefore made the following theoretical predictions:

1)  The Self-FAS and Other-FAS would be highly correlated

2)  The Self-FAS and Other-FAS would show positively skewed distributions in healthy and combined samples, and negatively skewed distributions in socially anxious samples

## Method

### Scale Construction

Scale items were adapted from previous social anxiety and paranoia scales to reduce ambiguity. For example, 'I am nervous meeting people I don't know well' (SIAS) becomes, 'I don't like meeting new people because they probably won't like me' on the Self-FAS, and, 'I don't like meeting new people because I need time to work them out' on the Other-FAS. Fifteen Self-FAS items and 17 Other-FAS items were adapted in this way. The remaining 15 Self-FAS items and 13 Other-FAS items were newly generated from the literature and previous work. For example, the Self-FAS item, 'I often picture myself in my head in a negative way' is based on the large body of literature demonstrating that negative mental imagery is highly prevalent in socially anxiety. In Chapter Three, interviews with socially anxious individuals revealed that as well as negative self-images, this imagery can comprise negative representations of others (see Chapter Three for further discussion), leading to the

Other-FAS item, 'I often imagine other people in my head in a negative way'.
Rationales for each scale item can be seen in appendix 7.

**Participants**

Participants were recruited via the University of Plymouth study participation system, the University of Plymouth website, social media, and online mental health forums. Participants took part in the study for the chance to win a £50 Amazon voucher. Participants are divided into six groups: undergraduates with no psychological diagnoses; members of the public with no psychological diagnoses; individuals who had been diagnosed with social anxiety; individuals who had been diagnosed with generalised anxiety disorder; individuals who had been diagnosed with depression; and individuals who had received another clinical diagnosis.

**Undergraduate sample:** A total of 457 university students participated in the study. One hundred and thirty-four students (29.32%) disclosed a mental health diagnosis; 21 students (4.60%) were unsure about having received a diagnosis; and 2 students (0.44%) declined to answer this question. This left a healthy sample of 300, mean age = 20.46, SD = 3.25, age range 18 – 43, 235 females. Most students were from the United Kingdom (288, 96%), most commonly the South West of England (214, 71.33%). Two students (.66%) were from another European country; two were from Australia; one (.33%) from north America; one from South America; one from Africa; and one from Asia. One participant declined to answer.

Students were recruited via the University of Plymouth study participation system and participated for course credit or the chance to win a £50 Amazon voucher.

**Community sample:** One hundred and sixty-five individuals participated. Of these, 90 individuals (54.54%) reported a mental health diagnosis; 6 individuals (3.64%) were unsure about having received one; and one individual (.60%) declined to answer this question. This left a healthy community sample of 68, mean age = 38.79, SD = 15.64, age range 18 – 72, 45 females. Most participants were in full time employment (28, 41.18%) or part-time employment (22, 32.35%). Nine (13.24%) were unemployed; 6 (8.82%) were retired; and 3 (4.41%) declined to answer. Most participants were from the UK (63, 92.65%), most commonly the South West of England (41, 60.29%). One (1.47%) was from another European country; one from the Republic of Ireland; one from North America; one from Australia; and one from Asia.

Members of the community were recruited via the Plymouth University study participation site and social media, and participated for the chance to win a £50 Amazon voucher.

**Social anxiety sample:** Ninety-seven individuals reported a diagnosis of social anxiety, mean age = 29.82, SD = 12.24, age range 18 – 64, 59 females. Most of these individuals were in full time study (41, 42.27%) or were unemployed (27, 27.84%). Sixteen (16.49%) were in full-time employment; 7 (7.22%) were in part-time employment; and 6 (6.19%) declined to answer this question. Most individuals were from the UK (65, 67.01%), most commonly the South West of England (28, 28.87%). Eighteen individuals (18.56%) were from North America; 11 (11.34%) were from another European country; one (1.03%) was from Australia; and two (2.06%) did not specify their location.

**Generalised anxiety sample:** Seventy-five individuals had received a diagnosis of anxiety, and 44 (58.66%) of them had also received a diagnosis of depression. Participants with comorbid anxiety and depression were excluded to avoid one diagnosis confounding analyses involving the other, leaving a sample of 31, mean age = 29.10, SD = 13.37, age range = 18 – 64, 26 females. Most were studying full time (21, 67.74%); some were in full-time (5, 16.13%); or part-time (3, 9.68%) employment; one individual (3.23%) was retired; and one declined to answer this question. Most individuals were from the United Kingdom (27, 87.10%), usually the South West of England (22, 70.97%). Two participants (6.45%) were from another European country; one (3.23%) was from North America; and one from Africa.

**Depression sample:** Seventy-three individuals reported having received a diagnosis of depression, 44 of whom (60.27%) had also received a diagnosis of anxiety, leaving 29, mean age = 31.59, SD = 14.41, age range = 18 – 61, 24 females. Most individuals (16, 55.17%) were full-time students; 6 (20.69%) were unemployed; 4 (13.79%) were in part-time employment; and 3 (10.34%) in full-time employment. Most participants (25, 86.21%) were from the United Kingdom, most commonly the South West of England (21, 72.41%). Two participants (6.90%) were from North America, one (3.45%) was from Asia, and one did not specify their location.

**Other clinical samples:** Forty-four participants reported experiencing panic attacks, or panic disorder, mean age = 27.75, SD = 14.08, age range = 18 – 70, 38 females, 5 males, one other / undisclosed; 40 participants disclosed a personality disorder, mean age = 27.08, SD = 9.04, age range = 18 – 54, 28 females, 11 males, one other / undisclosed; 27 participants experienced Posttraumatic Stress Disorder

(PTSD), mean age = 28.37, SD = 11.90, age range = 18 – 59, 20 females. 6 males, one other / undisclosed; 26 participants experienced Obsessive-Compulsive Disorder (OCD), mean age = 24.58, SD = 9.59, age range = 18 – 55, 18 females; 18 participants disclosed a diagnosis of an Autism Spectrum Disorder, mean age = 27.00, SD = 11.36, age range = 18 – 55, 8 females. 9 males, 1 other / undisclosed; 18 participants experienced an eating disorder, mean age = 22.17, SD = 6.52, age range = 18 – 39, 15 females; 9 participants experienced paranoia mean age = 26.67, SD = 13.30, age range = 18 – 60, 6 females; 7 participants experienced psychosis, mean age = 25.86, SD = 7.78, age range = 18 – 37, 6 females; three participants experienced dermatillomania, age = 18, female, dermatophagia, age = 31, female, or trichotillomania, age = 19, female; two participants experienced ADHD, both 20, one female;  two participants experienced dyspraxia and dyslexia, age 38, female, and 46, male; one participant experienced chronic fatigue syndrome, age = 19, female; one experienced dissociative identity disorder and impulse control disorder, age = 42, male; one experienced insomnia, age = 32, female; and one experienced Tourette's syndrome, age = 18, female.

Clinical samples were recruited via the Plymouth University study participation site, social media, and online groups identified through Google searches for 'social anxiety forum' and 'social anxiety support'. The study was shared by administrators to members of Triumph Over Phobia and Support for Social Anxiety, and threads were posted in forums on Social Anxiety UK, No More Panic, Anxiety Social Net, and Psychforums.

The remaining 30 individuals were not sure whether they had received a psychological or psychiatric diagnosis (27 individuals, mean age = 21.85, SD = 8.74, age range = 18 – 63, 18 females, 8 males, one other / undisclosed), or declined to provide this information (3 individuals, mean age = 28.67, SD = 17.62, age range = 18 – 49, all female).

**Measures**

**Self-focused Anxiety Scale (Self-FAS):** The original version of this scale comprised 30 items such as, 'I often feel that there is something wrong with me', and 'I often feel ashamed of myself'. Participants were instructed, 'Please indicate how much you generally tend to agree with the following statements' on a 5-point Likert scale scored 0 – 4 (Not at all; A little; Somewhat; A lot; Extremely), providing scores between 0 and 120.

**Other-focused Anxiety Scale (Other-FAS):** The original version of the Other-FAS comprised 30 items including, 'When meeting others, I often have my guard up so that they can't hurt me', and, 'I often feel unsafe around others – be that physically, socially, or emotionally threatened'. Participants were instructed, 'Please indicate how much you generally tend to agree with the following statements' on a 5-point Likert scale scored 0 – 4 (Not at all; A little; Somewhat; A lot; Extremely), providing scores between 0 and 120.

**Anxiety in Social Contexts Scale (ASCS):** On the 12 item ASCS, participants were instructed: 'Please indicate how anxious or uncomfortable you generally tend to feel in the following situations. If you have never faced some of the situations presented, indicate the level of distress you would feel if you had to.' Situations include, 'Being in a busy or crowded place', and, 'Being the centre of

attention'. Participants responded on a 5-point Likert scale scored 0 – 4 (Not at all; A little; Somewhat; A lot; Extremely), providing scores between 0 and 48.

**Social Phobia Scale (SPS**; Mattick & Clarke, 1998**):** This 20 item scale includes items such as, 'I fear I may blush when I am with others'. Participants respond on a 5-point Likert scale scored 0 – 4 (Not at all; Slightly; Moderately; Very; Extremely), providing scores 0 – 80. The scale has high internal consistency, $\alpha$ = .93 (Mattick & Clarke, 1998). Mattick and Clarke (1998) report an undergraduate mean of 14.1, SD = 10.2; a community mean of 14.4, SD = 11.2; and a clinically socially anxious mean of 40, SD = 16.

**Paranoia Checklist (PC) (Conviction subscale):** The conviction subscale of the Paranoia Checklist (Freeman et al., 2005), comprises 18 items including, 'I need to be on my guard against others'. Participants rate their conviction on a 5-point Likert scaled scored 0 – 4 (Do not believe it; Believe it a little; Believe it somewhat; Believe it a lot; Absolutely believe it), providing a score between 0 and 72. Freeman et al. (2005) report a student mean of 16.7, SD = 12.1), and high internal consistency, $\alpha \geq$ .9.

**Persecutory Ideation Questionnaire (PIQ):** On the PIQ (McKay, Langon, and Coltheart, 2006), participants rate their endorsement of statements such as, 'I sometimes feel as if there is a conspiracy against me' on a 5-point Likert scale scored 0 – 4 (Very untrue; Mostly untrue; True half of the time; Mostly true; Very true), providing scores between 0 and 40. McKay et al. (2006) report an undergraduate mean of 9.11, SD = 5.95, and a clinically delusional sample mean of 13.42, SD = 9.06.

**Rosenberg Self-esteem Scale (RSES):** The RSES (Rosenberg, 1965) comprises 5 positive statements, e.g. 'On the whole, I am satisfied with myself', and 5 (reverse scored) negative statements, e.g. 'At times, I feel I am no good at all'. Participants respond on a 4-point Likert scale from 1 – 4 (Strongly disagree; Disagree; Agree; Strongly Agree), providing scores between 10 and 40. Schmitt and Allik (2005) report excellent internal consistency, $\alpha$ = .9. Vispoel, Boo and Bleiler (2001) report an undergraduate mean of 32.13, SD = 5.59.

**Paranoia Scale (PS):** The 21 item PS (Fenigstein & Vanable, 1992) includes items such as, 'It is safer to trust no-one', which participants endorse on a 5 point Likert scale scored 1 – 5 (Not applicable to me – Extremely applicable to me). Scores range from 20 – 100 and the scale has good internal consistency, $\alpha$ = .84 (Fenigstein & Vanable, 1992). Fenigstein and Vanable (1992) report an undergraduate mean of 42.7, SD = 10.2, Kinderman and Bentall (1997) report a clinically paranoid mean of 60.4, SD = 20.59.

**Liebowitz Social Anxiety Scale (LSAS):** On the LSAS (Liebowitz, 1987), participants rate their anxiety of 24 situations including 'participating in a small group' and 'talking to someone in authority' on a 4 point Likert scale scored 0 – 3 (None; Mild; Moderate; Severe), providing scores between 0 and 72. Heimberg et al. (1999) report a clinically socially anxious mean of 67.2, SD = 27.5, and high internal consistency, $\alpha$ = .96.

**Brief Fear of Negative Evaluation Scale (FNEB):** The FNEB (Leary, 1983) correlates highly with the original FNES (Watson & Friend, 1969) and is advocated due to its increased sensitivity (Rodebaugh et al., 2004; Weeks et al., 2005). It comprises 8 negative items including, 'I am afraid others will not approve of me', and

4 (reverse scored) positive items including, 'Other people's opinions of me do not bother me'. Participants rate endorsement on a 5-point Likert scale scored 1 – 5 (Not at all; Slightly; Moderately; Very; Extremely), providing scores between 12 and 60. The scale has excellent internal consistency, $\alpha$ = .89 - .9 (Leary, 1983; Weeks et al., 2005). Weeks et al. (2005) report a clinically socially anxious sample mean of 46.91, SD = 9.27 and a (non-anxious) community sample mean of 26.81, SD = 4.78.

**Procedure**

Ethical approval was granted by the University of Plymouth Health and Human Sciences Ethics Committee. As per Freeman et al. (2005), an online survey was conducted. After briefing and informed consent, participants answered some demographic questions followed by the Self-FAS, Other-FAS, ASCS, RSES, PC, PS, LSAS, SPS, PIQ, and BFNE. Scale order was randomised for each participant. After completing the scales, participants were instructed to visualise a social situation they enjoyed for 20 seconds before debriefing.

**Analysis**

**Scale validation:** Internal consistencies for the scales were computed, and items that negatively impacted the internal consistency of the scale (i.e. Cronbach's $\alpha$ increased if the item was removed) were discarded. The structure of the scales was assessed using exploratory factor analysis. It was expected (and hoped) that the Self-FAS and Other-FAS would be single factor scales, pertaining only to self-focused and other-focused social fears respectively. Exploratory rather than confirmatory factor analysis facilitated identification of unforeseen additional factors.

Any items loading significantly onto secondary factors were removed, along with items showing the smallest loadings on the primary factor, to leave final scales of 25 items each for the Self-FAS and Other-FAS. The ASCS, as a more general measure of anxiety in social situations, need not necessarily be a single-factor scale. In fact, multiple factors may represent different kinds of social situations. Nonetheless, the ASCS was subjected to exploratory factor analysis to investigate its underlying structure.

Reliability of the final 25-item scales was confirmed using internal consistencies and item-total correlations. Criterion validity (sensitivity and specificity) was assessed by testing whether the scales would discriminate between socially anxious individuals and other clinical and healthy groups. The scales' construct validity was then assessed. The scales were correlated with established measures that were theoretically related, and other measures that were less related, to assess convergent and divergent validity, respectively. Finally, I investigated whether scale scores varied according to age or gender.

**Testing prediction two:** Prediction two of the theoretical model presented in Chapter One holds that self-focused fears and other-focused fears are highly correlated, and manifest in the general population on positively skewed, unimodally distributed continua. To test this prediction, Self-FAS and Other-FAS scores were correlated within and across the various samples, and histograms were inspected.

## Results

### Scale Validation

#### Scale refinement and factor structures.

For the entire sample, $n = 622$, the Self-FAS and ASCS showed high internal consistency, $\alpha = .983$ and $\alpha = .937$, which did not improve after removing any items. The Other-FAS also showed high internal consistency, $\alpha = .967$, which improved to .968 after removing the item, 'I often feel that I am different to most other people in a positive way'.

The Self-FAS met criteria for sampling adequacy (KMO = .98, Bartlett's test of sphericity $p < .001$), and items did not show independence or multicollinearity. All Self-FAS items were entered into an exploratory factor analysis using maximum likelihood extraction with direct oblimin rotation and a delta value of .8 to allow for highly correlated factors. One factor was extracted, which explained 67.62% of the variance and on which all items showed loadings of at least .725 (goodness of fit test $\chi^2 (405) = 2518.69$, $p < .001$). The five items with the smallest factor loadings, $\leq$ .751, which did not improve the internal consistency of the scale, were removed, leaving 25 items.

The Other-FAS also met criteria for sampling adequacy (KMO = .97, Bartlett's test of sphericity $p < .001$), and items did not show independence or multicollinearity. The remaining 29 Other-FAS items (one item negatively impacted the internal consistency of the scale and was discarded; see above) were entered into an exploratory factor analysis as described above. Three factors were extracted, accounting for 54.36%, 4.41%, and 4.04% of the variance, respectively. All items showed primary factor loadings of at least .543 on factor 1 and no items showed

loadings greater than .4 on factor 3. Two items showed significant loadings onto factor 2, 'I rarely ever fully trust someone' and 'It takes me a long time to like / trust others', suggesting that factor 2 pertained to trust. These items were removed because trust is a related but distinct construct to other-focused fears. Moreover, my aim was to construct two single-factor scales measuring self-focused and other-focused social anxiety specifically, and as counterparts to one another. Two further items showing the smallest factor loadings onto factor 1, ≤ .661, neither of which improved the internal consistency of the scale, were also removed, leaving 25 items.

The ASCS met criteria for sampling adequacy (KMO = .94, Bartlett's test of sphericity $p$ < .001. All items were subjected to EFA as above. Two factors were extracted, accounting for 59.45% and 9.27% of the variance, respectively. All items showed primary loadings of at least .648 onto factor 1, and one item, 'Giving a speech or presentation to an audience' showed a significant negative loading of -.451 onto factor 2. Given that 'Attending a job interview' also loaded negatively onto this factor (-.337), whereas 'Leaving the house' and 'Meeting with people I know' showed positive loadings thereof (.373 and .326, respectively), this factor may pertain to anxiety during everyday social activities as the converse of anxiety during performance situations. Unlike the Self-FAS and Other-FAS, the ASCS did not necessarily need to be a single-factor scale. Multiple factors pertaining to anxiety in different social situations were acceptable, and so all ASCS items were retained.

See appendix 8 for factor loadings and effects on internal consistency for all original items (discarded items are highlighted in grey).

**Item characteristics**

As per Mattick and Clarke (1998), item-total correlations ≥ .4 were considered

satisfactory. All retained Self-FAS items showed item-total correlations ≥ .49 for the

socially anxious, undergraduate, and community samples (see table 5). All retained

Other-FAS items showed item-total correlations ≥ .57 (see table 6), and all ASCS

items showed item-total correlations ≥ .46 for the three main samples (see table 7).

Table 7

Item characteristics of the Self-FAS

| Item | Socially anxious sample (n = 97) | | | Undergraduate sample (n = 300) | | | Community sample (n = 68) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Mean | SD | Item-total r | Mean | SD | Item-total r | Mean | SD | Item-total r |
| 1. I often feel that there is something wrong with me | 3.25 | 1.06 | 0.74 | 1.43 | 1.31 | 0.81 | 1.65 | 1.45 | 0.86 |
| 2. I often feel that I am different to other people in a negative way | 3.00 | 1.15 | 0.74 | 1.23 | 1.17 | 0.84 | 1.53 | 1.50 | 0.90 |
| 3. I worry that people will judge me because I don't come across well to others | 3.06 | 1.03 | 0.73 | 1.43 | 1.22 | 0.80 | 1.66 | 1.47 | 0.85 |
| 4. I can feel uncomfortable around people who are attractive / successful because they highlight my own shortcomings - it is obvious to everyone that I am not as attractive and successful as they are | 2.76 | 1.25 | 0.52 | 1.50 | 1.30 | 0.73 | 1.32 | 1.48 | 0.78 |
| 5. I am often angry or annoyed with myself | 2.92 | 1.20 | 0.66 | 1.55 | 1.23 | 0.72 | 1.63 | 1.46 | 0.78 |
| 6. I don't like being the centre of attention because it gives people an opportunity to notice my shortcomings | 2.98 | 1.19 | 0.63 | 1.53 | 1.34 | 0.71 | 1.59 | 1.55 | 0.87 |
| 7. I often imagine myself in my head in a negative way | 3.08 | 1.06 | 0.72 | 1.57 | 1.34 | 0.80 | 1.71 | 1.60 | 0.90 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8. I have to monitor my behaviour carefully, to make sure I don't do or say anything embarrassing | 2.97 | 1.01 | 0.52 | 1.37 | 1.18 | 0.73 | 1.41 | 1.39 | 0.77 |
| 9. I don't like speaking to people in authority because they will notice my shortcomings and I will not live up to their standards | 2.15 | 1.30 | 0.49 | 1.04 | 1.13 | 0.76 | 1.31 | 1.42 | 0.80 |
| 10. People might laugh at me because I am so strange, different or not-worthy | 2.60 | 1.23 | 0.71 | 1.06 | 1.19 | 0.79 | 1.24 | 1.53 | 0.87 |
| 11. I am often embarrassed of myself | 2.82 | 1.10 | 0.74 | 1.33 | 1.23 | 0.81 | 1.35 | 1.49 | 0.87 |
| 12. When with others, I am often anxious because I will not meet their standards | 2.81 | 1.13 | 0.73 | 1.25 | 1.26 | 0.81 | 1.25 | 1.50 | 0.87 |
| 13. I'm reluctant to let people get to know me because they won't like the real me | 2.67 | 1.35 | 0.73 | 1.13 | 1.26 | 0.76 | 1.53 | 1.58 | 0.80 |
| 14. I wish I could be more like everybody else | 2.53 | 1.32 | 0.69 | 1.18 | 1.23 | 0.76 | 1.43 | 1.58 | 0.88 |
| 15. I'm reluctant to disclose personal information to anyone because they will probably find me weird or inferior | 2.40 | 1.26 | 0.66 | 1.14 | 1.20 | 0.74 | 1.32 | 1.51 | 0.82 |
| 16. I often feel ashamed of myself | 2.78 | 1.36 | 0.83 | 1.10 | 1.24 | 0.86 | 1.34 | 1.56 | 0.88 |
| 17. I wish I could be more normal | 2.78 | 1.31 | 0.72 | 0.96 | 1.22 | 0.83 | 1.26 | 1.62 | 0.90 |
| 18. I worry that people exclude me / might exclude me from things because of I am strange, different, unlikable or not-worthy | 2.84 | 1.19 | 0.78 | 1.20 | 1.33 | 0.83 | 1.32 | 1.58 | 0.93 |
| 19. I often feel that I am not good enough, or not worthy | 3.03 | 1.24 | 0.81 | 1.34 | 1.34 | 0.86 | 1.44 | 1.62 | 0.91 |
| 20. I am often suspicious that people have found out that I am not good enough | 2.23 | 1.34 | 0.70 | 1.00 | 1.22 | 0.83 | 1.22 | 1.45 | 0.86 |
| 21. My own shortcomings make me feel down-hearted and blue | 2.99 | 1.16 | 0.70 | 1.39 | 1.21 | 0.80 | 1.68 | 1.49 | 0.86 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 22. When with others, I am often anxious that I will do something wrong or embarrassing | 2.94 | 1.10 | 0.72 | 1.34 | 1.22 | 0.85 | 1.37 | 1.45 | 0.90 |
| 23. I don't like meeting new people because they probably won't like me | 2.56 | 1.28 | 0.74 | 1.01 | 1.22 | 0.82 | 1.24 | 1.51 | 0.86 |
| 24. When meeting others, I often have my guard up so that they won't know how inferior I really am | 2.61 | 1.36 | 0.74 | 1.03 | 1.21 | 0.79 | 1.24 | 1.46 | 0.87 |
| 25. I am often disgusted in myself | 2.35 | 1.42 | 0.81 | 0.85 | 1.21 | 0.77 | 1.13 | 1.47 | 0.88 |

Table 8

Item characteristics of the Other-FAS

| Item | Socially anxious sample (n = 97) | | | Undergraduate sample (n = 300) | | | Community sample (n = 68) | | |
|------|------|------|------|------|------|------|------|------|------|
| | Mean | SD | Item-total r | Mean | SD | Item-total r | Mean | SD | Item-total r |
| 1. When meeting others, I often have my guard up so that they can't hurt me | 2.69 | 1.17 | 0.57 | 1.37 | 1.18 | 0.61 | 1.62 | 1.39 | 0.69 |
| 2. Even my friends might talk about me behind my back because this is the sort of thing people do, given an opportunity | 2.27 | 1.25 | 0.70 | 1.40 | 1.21 | 0.62 | 1.22 | 1.37 | 0.61 |
| 3. I don't like speaking to people in authority because they have the power to harm or hinder me if they wanted to | 2.05 | 1.38 | 0.58 | 1.01 | 1.13 | 0.66 | 1.13 | 1.35 | 0.72 |
| 4. I often imagine other people in my head in a negative way | 2.08 | 1.34 | 0.63 | 1.06 | 1.06 | 0.70 | 1.15 | 1.31 | 0.81 |
| 5. I often take note of what other people are doing – if they're doing something suspicious or threatening then I'd rather know about it | 2.23 | 1.29 | 0.64 | 1.40 | 1.28 | 0.62 | 1.25 | 1.20 | 0.69 |
| 6. Given an opportunity, some people would hurt me, harm me in some way, or embarrass me socially | 1.99 | 1.34 | 0.74 | 0.84 | 1.03 | 0.67 | 0.93 | 1.29 | 0.82 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7. I can often tell/guess what other people are thinking, and it's very often something negative | 1.82 | 1.29 | 0.72 | 0.95 | 1.08 | 0.68 | 1.04 | 1.29 | 0.81 |
| 8. I often feel that there is something 'off' or not right, or something I just don't like about other people | 2.09 | 1.27 | 0.72 | 1.32 | 1.19 | 0.64 | 1.44 | 1.26 | 0.79 |
| 9. I often feel unsafe around others – be that physically, socially or emotionally threatened | 2.4 | 1.25 | 0.68 | 0.74 | 1.03 | 0.73 | 0.91 | 1.28 | 0.87 |
| 10. I am often cautious and / or suspicious that people may have negative intentions towards me | 2.07 | 1.30 | 0.82 | 0.99 | 1.12 | 0.73 | 0.94 | 1.16 | 0.83 |
| 11. People sometimes watch or stare at me which probably means they have negative or impure intentions towards me | 1.72 | 1.30 | 0.75 | 0.78 | 1.04 | 0.68 | 0.87 | 1.33 | 0.79 |
| 12. I don't like meeting new people because I need time to work them out | 2.22 | 1.32 | 0.58 | 0.98 | 1.17 | 0.72 | 1.25 | 1.39 | 0.79 |
| 13. The behaviour / presence of others often makes me feel down-hearted and blue | 1.99 | 1.31 | 0.72 | 0.73 | 1.10 | 0.72 | 0.93 | 1.39 | 0.87 |
| 14. Making eye contact with others can be difficult because it makes me feel threatened by them | 1.84 | 1.24 | 0.60 | 0.69 | 1.11 | 0.64 | 0.78 | 1.23 | 0.87 |
| 15. I am often suspicious that people are not always what they first seem | 1.64 | 1.45 | 0.74 | 0.65 | 0.98 | 0.69 | 0.65 | 1.08 | 0.75 |
| 16. I'm reluctant to disclose personal information to anyone because they could use this information against me some how | 2.34 | 1.22 | 0.71 | 1.38 | 1.20 | 0.71 | 1.22 | 1.31 | 0.84 |
| 17. I wish other people could be trusted more | 2.26 | 1.34 | 0.73 | 1.23 | 1.19 | 0.60 | 1.32 | 1.43 | 0.70 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 18. Other people can be dangerous, harmful or hurtful on purpose | 2.32 | 1.12 | 0.74 | 1.48 | 1.23 | 0.59 | 1.41 | 1.33 | 0.75 |
| 19. I don't like being the centre of attention because it makes me vulnerable to the intentions of others | 2.48 | 1.30 | 0.63 | 1.32 | 1.25 | 0.70 | 1.29 | 1.51 | 0.86 |
| 20. I am often angry or annoyed with others | 2.11 | 1.35 | 0.63 | 1.10 | 1.08 | 0.63 | 1.12 | 1.31 | 0.80 |
| 21. I'm reluctant to let people get to know me because the closer they are to me, the more damage they could do if they wanted to | 2.07 | 1.47 | 0.66 | 1.10 | 1.23 | 0.66 | 1.28 | 1.38 | 0.73 |
| 22. I can feel uncomfortable around people who are attractive / successful because they are less trustworthy and more likely to have negative intentions towards me and the power / social standing to carry them out | 1.63 | 1.32 | 0.64 | 0.92 | 1.15 | 0.69 | 0.72 | 1.27 | 0.71 |
| 23. I often replay social situations in my head, trying to work out the intentions and thoughts of the other people present | 2.84 | 1.30 | 0.65 | 1.69 | 1.30 | 0.66 | 1.72 | 1.42 | 0.75 |
| 24. When with others, I am sometimes anxious because you never know what their intentions are | 2.26 | 1.27 | 0.78 | 1.06 | 1.12 | 0.79 | 1.16 | 1.29 | 0.84 |
| 25. When with others, I am sometimes anxious because I can't predict or control their behaviour | 2.27 | 1.22 | 0.65 | 1.02 | 1.12 | 0.75 | 1.03 | 1.27 | 0.78 |

Table 9

Item characteristics of the ASCS

| Item | Socially anxious sample (n = 97) | | | Undergraduate sample (n = 300) | | | Community sample (n = 68) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Mean | SD | Item-total r | Mean | SD | Item-total r | Mean | SD | Item-total r |
| 1. Attending a social gathering, party or night out | 3.12 | 0.97 | 0.50 | 1.29 | 1.18 | 0.74 | 1.88 | 1.46 | 0.73 |
| 2. Attending a job interview | 3.52 | 0.83 | 0.49 | 2.60 | 1.07 | 0.66 | 2.71 | 1.12 | 0.70 |
| 3. Leaving the house | 1.84 | 1.30 | 0.50 | 0.46 | 0.82 | 0.56 | 0.44 | 0.84 | 0.65 |
| 4. Meeting or speaking to people in authority | 2.53 | 1.12 | 0.54 | 1.54 | 1.15 | 0.67 | 1.65 | 1.36 | 0.76 |
| 5. Putting forward an idea at work or university | 2.99 | 1.10 | 0.51 | 1.82 | 1.19 | 0.74 | 1.72 | 1.40 | 0.80 |
| 6. Being in a busy or crowded place | 2.64 | 1.24 | 0.61 | 1.18 | 1.22 | 0.58 | 1.15 | 1.26 | 0.63 |
| 7. Meeting new people | 3.07 | 1.01 | 0.58 | 1.60 | 1.26 | 0.83 | 1.75 | 1.34 | 0.88 |
| 8. Meeting with people I know | 1.62 | 0.98 | 0.64 | 0.57 | 0.84 | 0.60 | 0.82 | 1.15 | 0.72 |
| 9. Being the centre of attention | 3.20 | 1.06 | 0.60 | 1.85 | 1.32 | 0.71 | 2.28 | 1.46 | 0.81 |
| 10. Trying to make new friends | 3.20 | 1.02 | 0.59 | 1.75 | 1.31 | 0.79 | 1.91 | 1.43 | 0.83 |
| 11. Giving a speech or presentation to an audience | 3.63 | 0.82 | 0.46 | 2.72 | 1.26 | 0.64 | 2.59 | 1.47 | 0.70 |
| 12. Meeting or speaking to people who are more attractive / successful than I am | 2.84 | 1.18 | 0.49 | 1.70 | 1.27 | 0.72 | 1.66 | 1.50 | 0.79 |

**Internal consistency.**

All three scales showed high internal consistencies across all samples (table 8).

Table 10

Internal consistencies for the Self-FAS, Other-FAS and ASCS for clinical and healthy samples

| | Cronbach's alpha | | |
|---|---|---|---|
| Sample (*n*) | Self-FAS | Other-FAS | ASCS |
| Social anxiety (97) | .963 | .959 | .861 |
| Anxiety (31) | .978 | .967 | .912 |
| Depression (29) | .971 | .944 | .888 |
| Community (68) | .987 | .976 | .945 |
| Undergraduates (300) | .978 | .926 | .926 |

**Criterion validity (sensitivity and specificity).**

Descriptive statistics for the three scales in clinical and healthy samples can be seen in table 9 and appendix 9. The following analyses tested whether the scales distinguished socially anxious individuals from other samples.

*Self-FAS.*

A one-way ANOVA with the Welch correction for heterogeneity of variances showed significant differences between the socially anxious, anxious, depressed, and healthy groups, $F(4, 98.62) = 51.91$, $p < .001$. Planned contrast tests showed

that the socially anxious group scored significantly higher on the Self-FAS than the generalised anxiety group, $t(43.39) = 3.80$, $p < .001$; the depression group, $t(42.34) = 3.67$, $p = .001$; and the undergraduate and community groups (combined), $t(152.98) = 10.31$, $p < .001$. The generalised anxiety group scored higher than the community and undergraduate groups (combined), $t(36.84) = 3.20$, $p = .003$, as did the depression group, $t(35.30) = 3.74$, $p = .001$. There were no differences between the anxiety and depression groups, $t(57.95) = -.25$, $p = .801$, nor the community and undergraduate groups, $t(88.80) = -.90$, $p = .369$.

### Other-FAS.

A Welch-corrected one-way ANOVA showed significant differences between groups on Other-FAS scores, $F(4, 97.48) = 28.33$, $p < .001$. Planned contrast tests showed that the socially anxious group scored significantly higher than the generalised anxiety group, $t(48.18) = 2.92$, $p = .005$; the depression group, $t(51.25) = 2.22$, $p = .031$; and the undergraduate and community groups (combined), $t(166.86) = 8.10$, $p < .001$. The anxiety and depression groups each scored higher than the combined healthy groups, $t(35.54) = 2.53$, $p = .016$, and $t(35.05) = 4.06$, $p < .001$, respectively. There were no differences between the anxiety and depression groups, $t(57.26) = -.80$, $p = .411$, nor the undergraduate and community groups, $t(85.85) = -.35$, $p = .729$.

### ASCS.

A Welch-corrected one-way ANOVA showed significant differences between groups on ASCS scores, $F(4, 99.93) = 56.23$, $p < .001$. Planned contrast tests showed that socially anxious individuals scored significantly higher than the generalised anxiety group, $t(42.35) = 4.38$), $p < .001$; the depression group, $t(40.60)$

= 4.62, $p$ < .001; and the undergraduate and community samples (combined), $t(146.76)$ = 10.70, $p$ < .001. The anxiety and depression groups scored higher than the combined healthy groups, $t(37.75)$ = 2.96, $p$ = .005, and $t(35.89)$ = 2.97, $p$ = .005, respectively, and there were no differences between the anxiety and depression groups, $t(58.00)$ = .071, $p$ = .943, nor the community and undergraduate groups, $t(88.80)$ = -.90, $p$ = .369.

Table 11

Means, SDs and ranges for the Self-FAS, Other-FAS and ASCS for clinical and

healthy samples

| Sample (*n*) | Self-FAS | | Other-FAS | | ASCS | |
|---|---|---|---|---|---|---|
| | Mean (SD) | Range | Mean (SD) | Range | Mean (SD) | Range |
| Social anxiety (97) | 69.11 (22.16) | 6 - 100 | 53.68 (22.99) | 3 - 100 | 34.18 (8.02) | 11 - 47 |
| Females (59) | 68.19 (23.63) | 6 - 100 | 54.86 (23.91) | 3 - 100 | 34.25 (8.78) | 11 - 47 |
| Males (37) | 70.14 (20.00) | 11 - 99 | 51.24 (21.64) | 12 - 91 | 34.19 (6.83) | 17 - 46 |
| Anxiety (31) | 48.65 (27.28) | 0 - 92 | 39.19 (24.43) | 1 - 81 | 25.35 (10.26) | 3 - 39 |
| Females (26) | 50.42 (28.00) | 0 - 92 | 40.69 (25.40) | 1 - 81 | 25.42 (10.74) | 3 - 39 |
| Males* (5) | 39.40 (23.52) | 12 - 65 | 31.40 (18.80) | 5 - 50 | 25.00 (8.28) | 13 - 33 |
| Depression (29) | 50.34 (24.74) | 2 - 95 | 43.83 (20.36) | 06- 83 | 25.17 (9.52) | 9 - 43 |
| Females (24) | 51.25 (21.34) | 8 - 95 | 46.33 (19.89) | 6 - 83 | 24.96 (9.19) | 9 - 41 |
| Males* (5) | 46.00 (40.47) | 2 - 94 | 31.80 (20.19) | 9 - 61 | 26.20 (12.15) | 9 - 43 |
| Community (68) | 34.44 (32.21) | 0 - 96 | 28.38 (26.16) | 0 - 94 | 20.56 (12.59) | 1 - 47 |
| Females (45) | 34.38 (32.09) | 0 - 91 | 26.31 (24.94) | 0 - 90 | 20.91 (12.59) | 1 - 47 |
| Males (23) | 34.57 (33.16) | 0 - 96 | 32.43 (28.54) | 3 - 94 | 19.87 (12.846) | 2 - 44 |
| Undergraduates (300) | 30.98 (25.09) | 0 - 100 | 27.21 (20.13) | 0 - 97 | 19.08 (10.39) | 0 - 46 |
| Females (235) | 32.19 (25.10) | 0 - 100 | 27.66 (20.52) | 0 - 97 | 20.01 (10.23) | 0 - 46 |
| Males (65) | 26.58 (24.75) | 0 - 86 | 25.57 (18.72) | 0 - 79 | 15.69 (10.32) | 0 - 44 |

*\*n* is too small to provide norms, but data are provided for interest's sake.

**Construct validity.**

Construct validity was assessed using correlational analyses. Correlations between the new scales and existing measures of theoretically related constructs revealed their convergent validity. Correlations between the scales and existing measures of less related constructs revealed their divergent validity. Table 10 shows correlations between the new scales and existing social anxiety, paranoia, persecutory ideation, self-esteem, and fear of negative evaluation scales. For these analyses, socially anxious participants were grouped together with students and members of the community with no mental health diagnoses in keeping with the idea that social anxiety exists as a continuum and that the groups would comprise individuals from across the social anxiety spectrum (e.g. Rapee & Heimberg, 1997; Kessler et al., 2003; Knappe, Beesdo, Fehm, Lieb, & Wittchen, 2009). Correlations between existing scales and the new measures for socially anxious and healthy samples separately can be seen in appendix 10, descriptive statistics for existing scales can be seen in appendix 11, and their internal consistencies can be seen in appendix 12.

*Self-FAS.*

The Self-FAS showed strong correlations (r > .7) with the ASCS, Other-FAS, RSES (self-esteem), FNES (fear of negative evaluation), LSAS (social anxiety), and SPS (social anxiety), and moderate correlations (r = .5 to .7) with the PS (paranoia), PC (paranoia), and PIQ (persecutory ideation).

*Other-FAS.*

The Other-FAS correlated strongly (r > .7) with the Self-FAS, ASCS, PS (paranoia), PC (paranoia), SPS (social anxiety), PIQ (persecutory ideation), LSAS

(social anxiety), and FNES (fear of negative evaluation), and moderately (r = .5 to .7) with the RSES (self-esteem).

### *ASCS.*

The ASCS correlated very strongly (r > .9) with the LSAS (social anxiety), strongly (r > .7) with the Self-FAS, Other-FAS, SPS(social anxiety), FNES (fear of negative evaluation), and RSES (self-esteem), moderately (r = .5 to .7) with the PS and PC (paranoia), and showed a weak-moderate correlation (r = .3 to .5) with the PIQ (persecutory ideation).

Table 12

Correlations between the Self-FAS, Other-FAS, ASCS, and established self-esteem, paranoia, and social anxiety measures for socially anxious and healthy participants (*n*)

|  | Self-FAS | Other-FAS | ASCS | RSES | PS | PC | PIQ | SPS | LSAS | FNES | Age |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Self-FAS | - |  |  |  |  |  |  |  |  |  |  |
| Other-FAS | 0.80** (465) | - |  |  |  |  |  |  |  |  |  |
| ASCS | 0.84** (465) | 0.74** (465) | - |  |  |  |  |  |  |  |  |
| RSES | -0.84** (464) | -0.65** (464) | -0.72** (464) | - |  |  |  |  |  |  |  |
| PS | 0.67** (465) | 0.82** (465) | 0.59** (465) | -0.56** (464) | - |  |  |  |  |  |  |
| PC | 0.62** (464) | 0.77** (464) | 0.52** (464) | -0.51** (463) | 0.78** (464) | - |  |  |  |  |  |
| PIQ | 0.56** (463) | 0.72** (463) | 0.49** (463) | -0.48** (462) | 0.75** (463) | 0.81** (462) | - |  |  |  |  |
| SPS | 0.78** (464) | 0.74** (464) | 0.83** (464) | -0.65** (463) | 0.65** (464) | 0.60** (463) | 0.59** (462) | - |  |  |  |
| LSAS | 0.79** (465) | 0.71** (465) | 0.92** (465) | -0.68** (464) | 0.57** (465) | 0.50** (464) | 0.47** (463) | 0.86** (464) | - |  |  |
| FNES | 0.82** (465) | 0.70** (465) | 0.74** (465) | -0.73** (464) | 0.58** (465) | 0.51** (464) | 0.47** (463) | 0.72** (464) | 0.72** (465) | - |  |
| Age | 0.16** (465) | 0.13** (465) | 0.17** (465) | -0.08 (464) | 0.07 (465) | 0.05 (464) | 0.08 (463) | 0.07 (464) | 0.16** (465) | 0.06 (465) | - |

Self-FAS = Self-focused Anxiety Scale; Other-FAS = Other-focused Anxiety Scale; ASCS = Anxiety in Social Situations Scale; RSES = Rosenberg Self-esteem Scale; PS = Paranoia Scale; PC = Paranoia Checklist; PIQ = Persecutory Ideation Questionnaire; SPS = Social Phobia Scale; LSAS = Liebowitz Social Anxiety Scale; FNES = Fear of Negative Evaluation Scale. **$p$ > .001; *$p$ > .05.

**Age and gender.**

The scales were subjected to further analyses to investigate whether age and gender should be considered with regards to norms. Independent samples $t$ tests showed no differences between socially anxious males and females on the Self-FAS, $t(94) = .42$, $p = .678$, Other-FAS, $t(94) = -.75$, $p = .456$, or ASCS, $t(94) = -.04$, $p = .969$; nor were there any differences between healthy community males and females on the Self-FAS, $t(66) = .023$, $p = .982$; Other-FAS, $t(66) = .912$, $p = .365$; or ASCS, $t(66) = -.321$, $p = .750$. There were no differences between healthy undergraduate males and females on the Self-FAS, $t(298) = -1.60$, $p = .111$; or Other-FAS, $t(298) = -.74$, $p = .460$, but undergraduate females scored higher than males on the ASCS, $t(298) = -2.99$, $p = .003$. Descriptive statistics can be seen in table 9.

The new measures did not show any notable correlations with age (see table 10 and appendix 10).

**Testing prediction two: the relationship between self-focused and other-focused fears**

**Distributions.**

For the whole sample, *n* = 622, the refined (25 item) Self-FAS and Other-FAS showed positively skewed unimodal distributions, and the ASCS was normally distributed (figures 11 – 13). The Self-FAS was negatively skewed for the socially anxious sample and positively skewed for the healthy samples. The Other-FAS was normally distributed in the socially anxious sample and positively skewed in the healthy samples. The ASCS was negatively skewed in the socially anxious sample and normally distributed in the healthy samples. Histograms for the whole sample can be seen below (figures 11 – 13), and histograms for the socially anxious and healthy groups can be seen in appendix 13.

N = 622
Mean = 42.49
Standard deviation = 29.74
Quartile 1 = 16
Median = 40
Quartile 3 = 66

/ Quartiles

/ Mean
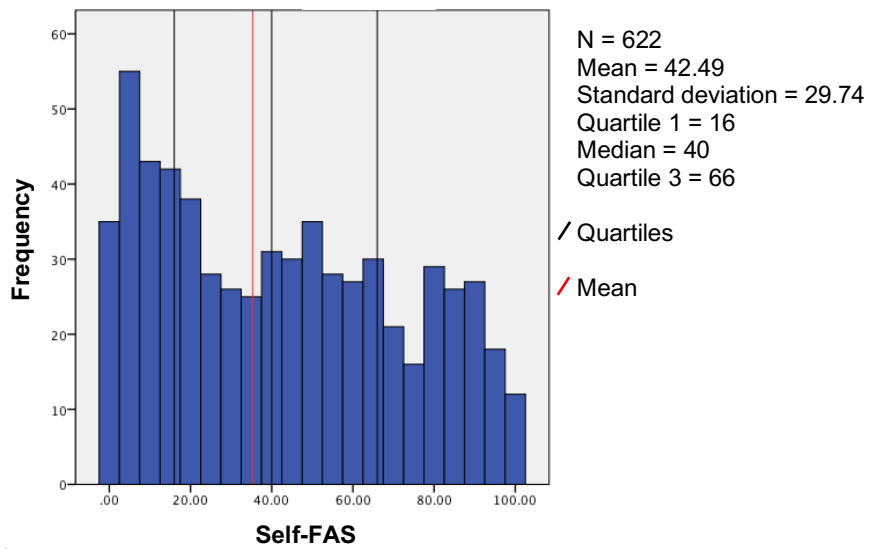
*Figure 11:* Distribution of Self-FAS scores for entire sample, n = 622.



N = 622
Mean = 35.29
Standard deviation = 24.37
Quartile 1 = 15
Median = 32
Quartile 3 = 53

/ Quartiles

/ Mean
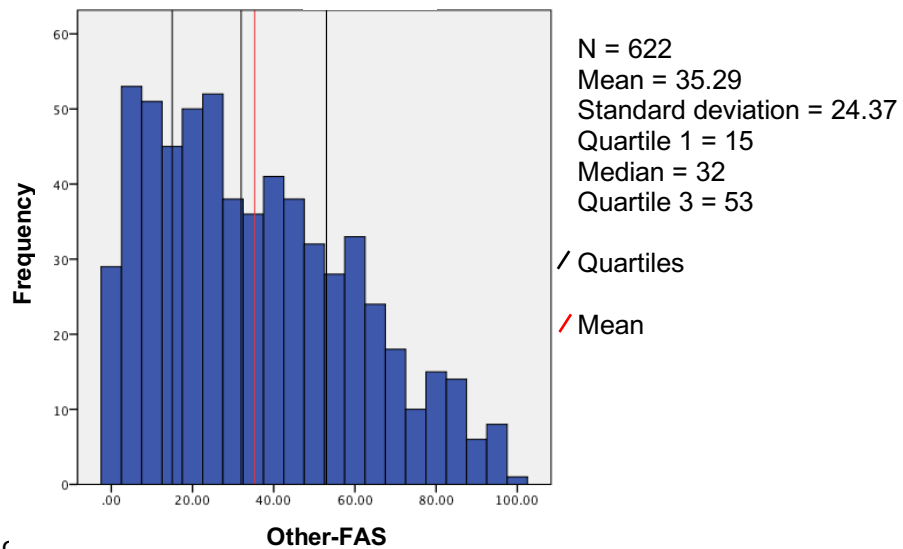
*Figure 13:* Distribution of Other-FAS scores for entire sample, n = 622.



N = 622
Mean = 23.28
Standard deviation = 11.76
Quartile 1 = 13
Median = 24
Quartile 3 = 32

/ Quartiles

/ Mean
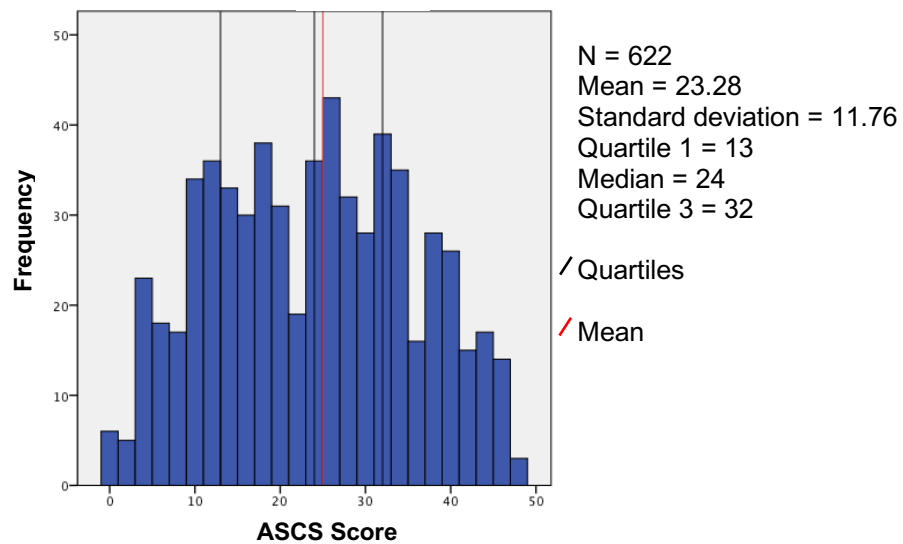
*Figure 12:* Distribution of ASCS scores for entire sample, n = 622.

**Correlations between self-focused and other-focused fears.**

The Self-FAS and Other-FAS were moderately correlated in the socially

anxious sample, *r* = .57, and highly correlated in the combined healthy samples, *r* =

.79, the combined socially anxious and healthy samples, *r* = .80, and the entire

sample, including the socially anxious, healthy, and other mixed clinical subgroups

(see Participants section), *r* = .80. See appendix 14 for scatterplots of Self-FAS and

Other-FAS scores for socially anxious and healthy samples.
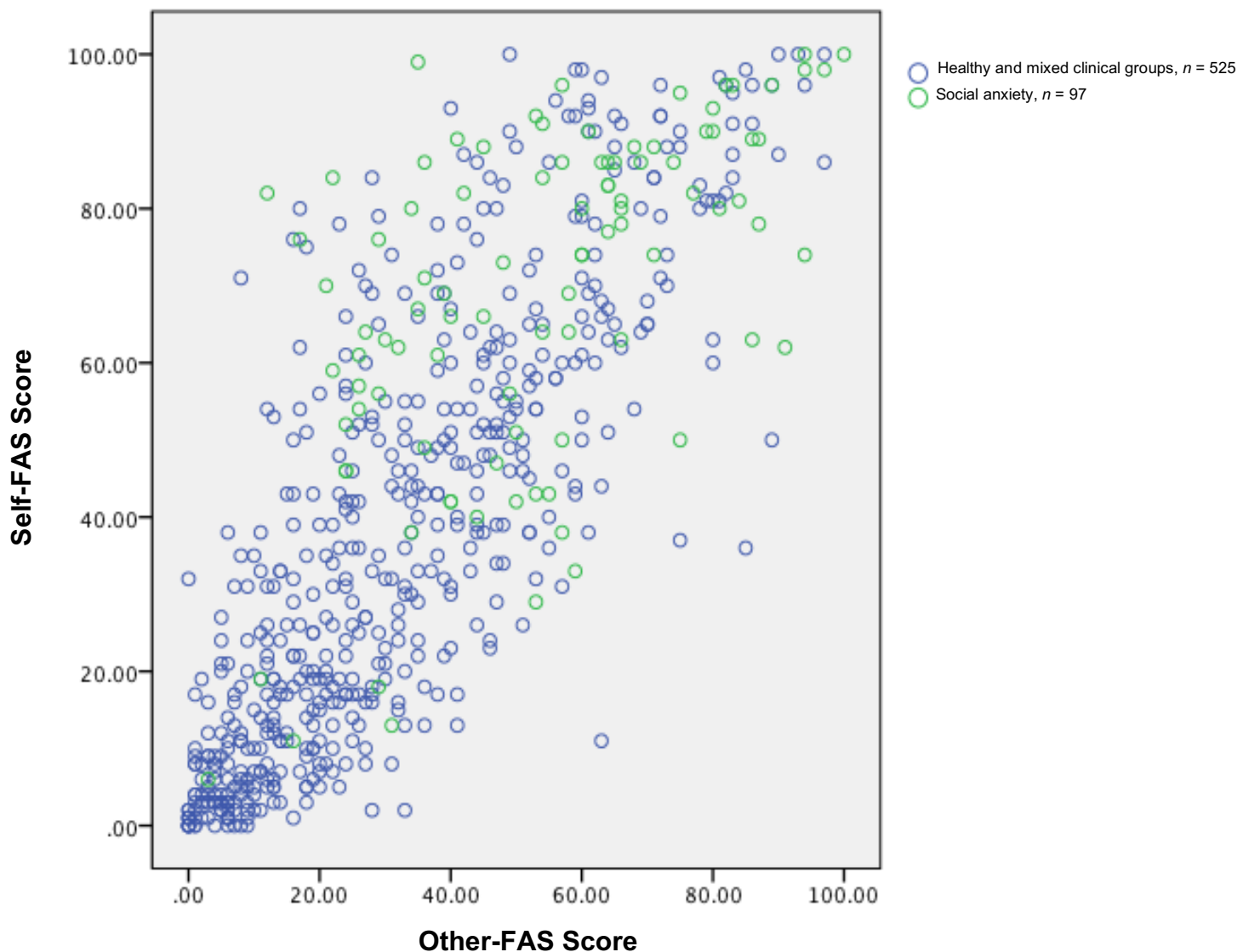


*Figure 14:* Self-FAS scores as a function of Other-FAS scores for the entire sample, including the socially anxious subgroup (shown in green). Total n = 622.

**Exploratory analyses**

For interest's sake, and for comparison to the Self-FAS and Other-FAS, exploratory analyses were conducted to test whether existing psychometric measures would discriminate between socially anxious and other samples.

One-way ANOVAs (with Welch corrections applied where variances were heterogeneous) revealed significant differences between the social anxiety, anxiety, depression, undergraduate and community groups on the RSES, $F(4, 100.62) = 36.71$, $p < .001$; the PC, $F(4, 94.22) = 18.74$, $p < .001$; the PS, $F(4, 520) = 30.80$, $p < .001$; the PIQ, $F(4, 95.50) = 13.70$, $p < .001$; the SPS, $F(4, 519) = 37.88$, $p < .001$; the LSAS, $F(4, 102.13) = 48.73$, $p < .001$; and the FNES, $F(4, 97.06) = 32.50$, $p < .001$.

Tukey's HSD or, where variances were heterogeneous, Games-Howell post-hoc tests revealed that the SPS and LSAS discriminated between the social anxiety sample and all other samples (i.e. the socially anxious sample scored higher on these measures than any other group), $ps \leq .002$. They also showed that while the FNES, RSES, PC, and PS significantly discriminated between the socially anxious sample and healthy or generalised anxiety samples, all $ps \leq .006$, they did not discriminate between the social anxiety sample and the depression sample, $ps \geq .124$. The PIQ discriminated between the socially anxious sample and the healthy samples, $ps < .001$, but not between the socially anxious sample and the generalised anxiety sample, $p = .132$, nor the depression sample, $p = .573$. See appendix 11 for descriptive statistics.

The final scales with instructions and response scales can be seen in Appendix 15.

## Discussion

The new Self-FAS, Other-FAS and ASCS demonstrated validity and reliability. They are psychometrically robust: all items on each scale loaded primarily onto one factor. All item-total correlations for the three scales were high. The scales showed high internal consistencies in clinical and healthy samples.

My first prediction was that the Self-FAS and Other-FAS would emerge as single-factor scales. This prediction held for the Self-FAS, and partially held for the Other-FAS. Though all items on the Other-FAS primarily loaded onto one factor, two items, 'I rarely ever fully trust someone', and 'It takes me a long time to like / trust others', also loaded onto a secondary factor. Because the two scales are measuring such subtle differences, it was my intention to create two single-factor scales. These items also showed some of the lowest loadings onto the primary factor, and so were omitted from the final scale. However, the role of trust in paranoia should not be overlooked (Freeman et al., 2011). Trust in others is regarded as a key factor in social cohesion (Coleman, 1988; Putnam, 1995), and shows clear associations with paranoia (Freeman et al., 2011).

Prediction two held that the Self-FAS, Other-FAS, and ASCS would show good criterion validity, sensitivity and specificity. This prediction was met: the scales differentiated between socially anxious samples and generalised anxiety, depression, and healthy (community and undergraduate) samples. Social anxiety and depression are highly comorbid (e.g. Ohayon & Schatzberg, 2010). Exploratory analyses showed no differences in self-esteem (RSES), paranoia (PC and PS), and persecutory ideation (PIQ) scores between individuals diagnosed with social anxiety and those diagnosed with depression, despite both groups scoring higher on these

measures than healthy samples. The fact that the Self-FAS and Other-FAS did discriminate between social anxiety and depression supports the conclusion that the Self-FAS successfully measures a construct related to but distinct from self-esteem, and that the Other-FAS successfully measures views of other people unique to social situations. These results suggest that while both social anxiety and depression involve concerns about self-worth and the motives of others, social anxiety is, unsurprisingly, marked by fears regarding the social consequences thereof.

Prediction three held that the scales would show good construct validity. Their correlations with other established measures mean that this prediction was met. The Self-FAS showed good convergent validity with measures of self-esteem and existing measures of social anxiety (RSES, SPS, and LSAS) and fear of negative evaluation (FNES), confirming that it measures self-focused fears in relation to anxiety in social situations. It showed only moderate correlations with measures of paranoia (PS and PC) and persecutory ideation (PIQ), confirming that it discriminates self-focused fears from other-focused fears. The Other-FAS correlated strongly with the PS, PC and PIQ, but only moderately with the RSES, indicating that it successfully measures other-focused rather than self-focused fears. Existing paranoia measures (PS and PC) correlated only moderately with the social anxiety and fear of negative evaluation measures (SPS, LSAS, and FNES). The fact that the Other-FAS showed strong correlations with these measures suggests that it was successful in measuring other-focused fears specifically. The ASCS correlated strongly with existing social anxiety and fear of negative evaluation measures and only moderately with paranoia and persecutory ideation scales, suggesting that it accurately reflects anxiety in social situations.

This study also aimed to test the second main prediction made by the theoretical model presented in Chapter One. A body of previous research has shown that social anxiety and paranoia are correlated, but the ambiguity and similarity of the items on these scales make drawing conclusions difficult. The Self-FAS and Other-FAS overcome this issue by measuring the core fears unique to each construct – an inadequate self in social anxiety and malicious or untrustworthy others in paranoia – rather than unspecific, and probably shared, feelings, beliefs, and feared consequences. The theoretical model holds that these core fears would fall on a positively skewed, single distribution continuum in the general population, and that they would be strongly, positively, and linearly correlated. That is to say, most people would experience insignificant levels of social self-focused or other-focused fears, but those who experience significant levels of either one are likely to experience similar levels of the other. These data provide strong support for this prediction. Self-FAS and Other-FAS scores were generally positively skewed in healthy samples and strongly correlated across the whole sample. The scales were carefully and deliberately worded to reflect attribution of distress to oneself or others, and their construct validity is supported by their respective correlations with established measures of closely and loosely related constructs. This demonstrates that the Self-FAS and Other-FAS are measuring distinct but correlated constructs. It also provides support for the prediction that self-focused and other-focused core fears are highly correlated. In figure 15, a scatterplot of Self-FAS scores as a function of Other-FAS scores is compared to the predicted structure of self-focused and other-focused fears in the general population, as detailed in Chapter One[4].
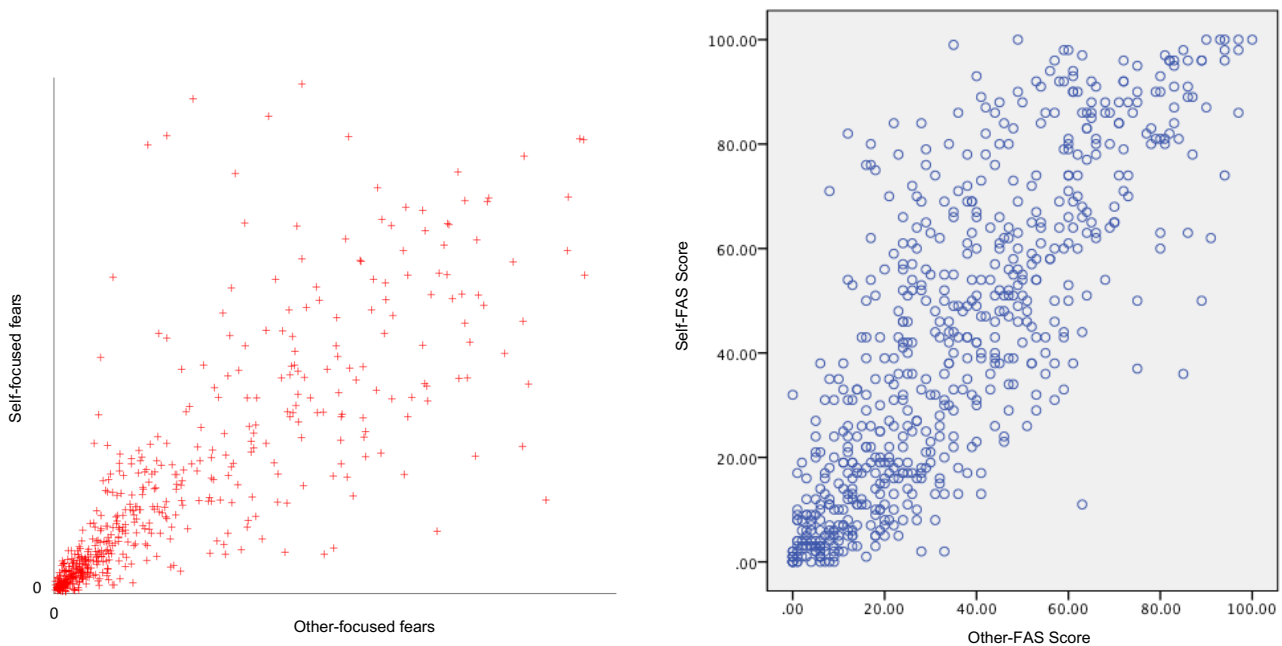
*Figure 15*: Statistical model to show the predicted structure of self-focused fears and other-focused fears in the general population (left) compared to a scatterplot of Self-FAS scores as a function of Other-FAS scores for the entire sample used here (including socially anxious, healthy, and mixed clinical subgroups), n = 622.

As expected, the Self-FAS and ASCS showed negatively skewed unimodal

distributions in the socially anxious sample. Unexpectedly, Other-FAS scores were

normally distributed in this group. Moreover, Self-FAS and Other-FAS scores were

only moderately correlated in clinically socially anxious individuals. These findings

could mean that self-focused fears are more common, or held with more conviction,

than other-focused fears in socially anxious individuals. Alternatively, it could be that

individuals with primarily self-focused fears are more likely to receive a diagnosis of

social anxiety, due to criterion B of the diagnostic criteria in DSM-V: 'The individual

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[4] Note that the concentration of datapoints falling around 0,0 is denser in the model than in the scatterplot. This is likely to be due to the fact that the sample was not entirely representative of the general population. Individuals who experience some level of psychopathology were actively recruited from mental health forums and may be more likely to self-select for online questionnaire studies than healthy individuals. Replication in more epidemiologically representative samples would better facilitate investigation of the true structure of self-focused and other-focused fears in the general population.

fears that he or she will act in a way (or show anxiety symptoms) that will be negatively evaluated (i.e. will be embarrassing or humiliating; will lead to rejection or offend others)' (APA 2013, p.202). The results presented here show that while self-focused and other-focused fears are highly correlated, some individuals may experience high levels of one and relatively low levels of the other (see figure 14). The experiments presented in Chapter Three demonstrated that other-focused fears cause social anxiety. Therefore, individuals whose anxiety in social situations is primarily associated with other-focused fears may not meet diagnostic criteria for social anxiety disorder.

Both the Self-FAS and Other-FAS showed strong correlations with the ASCS, (the Self-FAS more so than the Other-FAS). Though causation cannot be inferred from these data, this is in line with the prediction that anxiety in social situations arises from either or both self and other-focused fears. Chapter Four tested this prediction experimentally and revealed that negative concepts of the self and others both cause anxiety in social situations to a similar degree. Chapter Three revealed that highly socially anxious individuals place particular importance on perceptions of others in relation to their anxiety. These results generalise and extend this finding to larger and broader samples. Together, these results provide considerable support for the main predictions of the theoretical model presented in Chapter One (see Chapter Six for further discussion).

**Using the scales**

Participants' ages ranged from 18 to 72. Contrary to previous findings that social anxiety decreases with age (e.g. Mattick and Clark, 1998), scores on the new

scales and established measures did not show any notable correlation with the age of respondents. Self-FAS and Other-FAS scores do not differ between males and females, but ASCS scores were found to be significantly higher for females in the healthy undergraduate group only. Existing social anxiety scales do not typically yield different scores for males and females (e.g. Mattick & Clarke, 1998), and it is not clear why this gender difference should manifest only in undergraduate students. With this exception, the norms for each group presented here can be considered without regard to age or gender.

The Self-FAS and Other-FAS are the first scales to measure self-focused and other-focused fears in relation to social situations. The ASCS provides an updated, valid, reliable, and semantically similar but considerably shorter and quicker to administer alternative to social anxiety scales such as the LSAS (Liebowitz, 1989) or SIPAAS (Pinto-Gouveia et al., 2003). While the scales can be employed individually, they are intended for use as a battery to provide a holistic picture of an individual's social experiences. For research purposes, they may be used to screen individuals for high levels of self-focused anxiety, or other-focused anxiety, or anxiety in social situations. They may also be used to investigate the relative contributions of self-focused and other-focused fears to variables of interest; to describe samples or individuals; or as control variables in experimental designs.

As discussed above, these results together with the findings presented in previous chapters have potential implications for diagnosing social anxiety, in that not everyone who experiences anxiety in social situations may meet primarily self-focused diagnostic criteria. Additionally, in clinical settings, the scales may prove particularly useful in informing assessment and formulation. They are a relatively quick and efficient way to measure the strength of self-focused and other-focused

core fears. The complex and interrelated nature these core fears may otherwise prove difficult to detangle. Information provided by the scales will also help to tailor interventions to the idiosyncratic core fears of socially anxious individuals, which are often overlooked (Moscovitch, 2009). Finally, individuals experiencing depression or anxiety show higher levels of self-focused and other-focused fears than healthy samples. The scales may be of use in these groups as well as those experiencing social anxiety or paranoia.

**Limitations**

The primary limitation of the study is that the clinical participants self-reported their diagnosis. Though they were asked to specify whether they had received a psychological or psychiatric diagnosis from a mental health professional, confirming this via diagnostic interview would provide more reliable norms for clinical participants. Similarly, individuals in the community and undergraduate samples self-reported that they had not received any mental health diagnoses. This is not to say they would not meet criteria for a psychological diagnosis if clinically assessed. Obtaining a clinically paranoid sample proved difficult, likely due to the fact that unlike social anxiety, paranoia is not a diagnosis per se. To further elucidate the utility of the Other-FAS in particular, scores should be obtained from individuals who experience clinically significant levels of paranoia. These individuals may be more likely to endorse other-focused fears than the samples used here.

The majority of respondents were from the South West of England, which limits the generalisability of the data to wider cultural, geographic, and socioeconomic groups. The majority of participants were also female, meaning

norms for males could not be provided for some groups. Administering the scales to more representative samples would help to establish more reliable norms.

Though incentivised, participants were self-selecting. The study's samples may therefore be limited to individuals who considered the incentive worth their time, who have a special interest in psychology, or who are more likely to have negative psychological experiences. Though every effort was made to reassure participants of their anonymity, their responses may have been affected by social desirability bias.

Finally, it should be noted that no items on the three scales are reverse scored, which could be conducive to response bias. However, reversed items do not always measure the opposite construct. Straightforwardly worded versions of scales such as the Social Interaction Anxiety Scale (Mattick & Clarke, 1998) and the Fear of Negative Evaluation scale (Watson & Friend, 1969), show superior psychometric performance to their counterparts in factor structure, construct validity, and internal consistency (Rodebaugh, Woods, & Heimberg, 2007; Rodebaugh et al., 2004; Weeks et al., 2005).

**Conclusion**

The scales presented here provide a new way to measure social anxiety. The Self-FAS and Other-FAS differentiate between self-focused and other-focused fears in relation to social anxiety. The ASCS is a concise measurement of the degree of anxiety experienced in key social situations. The scales are valid, reliable, and successfully discriminate socially anxious individuals from other clinical and healthy samples. Together, they provide a more accurate yet holistic picture of social anxiety than was previously achievable using psychometric measures. They will therefore be

useful additions to both research and practice. Prediction two of the theoretical model presented in Chapter One holds that self-focused fears and other-focused fears are highly correlated, and manifest in the general population on positively skewed, single distribution continua. Results obtained from administering the scales to a large number of healthy, socially anxious, and mixed clinical participants provide strong support for this prediction. Self-focused and other-focused fears are unimodally distributed, positively skewed, and highly correlated.

# CHAPTER SIX

# Self-focused and Other-focused Fears:
# Conclusions, Implications, and Future Directions

*Another, through bashfulness, suspicion, and timorousness will not be seen abroad; loves darkness as life, and cannot endure the light, or to sit in lightsome places; his hat still in his eyes, he will neither see, nor be seen by his good will. He dare not come in company, for fear he should be misused, disgraced, over-shoot himself in gesture or speeches, or be sick; he thinks every man observes him, aims at him, derides him, owes him malice.*

– Hippocrates

## Summary of Findings and Conclusions

This thesis focuses on social anxiety and draws upon the paranoia literature to explore negative views of other people. Reviewing key social anxiety and paranoia literatures revealed strong similarities between the two constructs. Both involve seeing the self as a social object, perceptions of threat in social situations, and anxiety around others (Clark & Wells, 1995; Fenigstein, 1984; Fenigstein & Vanable, 1992; Gilbert et al., 2005; Martin & Penn, 2001). Social anxiety and paranoia are reliably correlated in both clinical and non-clinical samples (e.g. Birchwood et al., 2007; Cassano, Pini, Saettoni & Dell'Oso, 1999; Combs & Penn, 2004; Gilbert et al., 2005; Goodwin et al., 2003; Huppert & Smith, 2005; Martin & Penn, 2001; Michail & Birchwood, 2009; Newman-Taylor & Stopa, 2013; Pallanti, Quercioli & Hollander, 2004; Rietdjjk et al., 2009; Schutters et al., 2012). They have been proposed to share key cognitive maintenance mechanisms (Bullock, 2014; Freeman et al., 2002; Morrison, 2001; Morrison et al., 2002). However, the nature of their relationship is underexplored and limitations in conceptual clarity inhibit further investigation. It was

necessary, therefore, to reconceptualise social anxiety and paranoia into their respective core fears. These core fears pertain to an inadequate and socially detrimental *self* in social anxiety, and hostile or threatening *others* in paranoia. This review-based reconceptualisation led to the development of the novel theoretical model detailed in Chapter One. Broadly, the model proposes potential maintenance mechanisms and causal pathways of self-focused fears (or social self-consciousness) and other-focused fears with regards to anxiety in social situations.

Several predictions emerged from the model and served as a basis for further investigation. The model's primary prediction is that both self-focused and other-focused fears cause anxiety in social situations, either independently or in parallel. Related sub-predictions are that self-focused fears and other-focused fears can also cause one another. The model's second main prediction is that self-focused and other-focused fears are strongly, positively, and linearly correlated, and fall on a two-dimensional continuum in the general population. This is in keeping with continuum models of social anxiety and paranoia (see Chapter One for further discussion). Additionally, the model predicts that attributing negative events to oneself or others can initiate or strengthen self-focused and other-focused fears respectively. It also holds that negative representations of the self and others can be strengthened and maintained through safety behaviours and rumination.

Chapter Three presents a preliminary but in-depth qualitative exploration of the experiences of highly socially anxious individuals with varying levels of paranoia. This investigation revealed that socially anxious individuals placed particular importance on the thoughts, intentions, and nature of others as well as perceptions of themselves. Other-focused anxieties, and negative concepts of others, were just as prevalent and distressing as social self-consciousness: self-focused anxieties and

negative self-concepts. These findings provide support for the idea that the importance of perceptions of others may be underestimated in current conceptualisations of social anxiety. Participants' experiences were in line with the prediction that both self-focused and other-focused fears lead to anxiety in social situations. Their experiences also suggested that the two may be causally related.

The findings presented in Chapter Three provide preliminary support for the mechanisms I propose underpin and perpetuate self-focused and other-focused fears. Negative self-beliefs were associated with heightened self-monitoring, experiences of anxiety symptoms, and dissonance between the self and perceived social standards. Negative perceptions of others were associated with hypervigilance and negative beliefs about others' thoughts and intentions. Importantly, participants' experiences of other-focused fears did not seem to match their Paranoia Checklist scores: one participant avoided going out at night due to fears of malicious others, yet had a Paranoia Checklist score below the non-clinical average. This suggests that the Paranoia Checklist is an imperfect measure of other-focused fears.

Finally, participants' experiences were in line with the final two predictions of the model. Attributing negative events or anxiety to self or others were strong themes, and were associated with negative thoughts and beliefs thereof (though, as predicted, internal and external attribution were not mutually exclusive, see Chapters One and Three for further discussion). Safety behaviours and rumination, either post-event or anticipatory, were also common experiences and represented ways in which participants constructed, understood, and coped with their experiences.

Chapter Four presents two experimental tests of the theoretical model's primary prediction and sub-predictions. The primary prediction holds that anxiety in

social situations can be caused by both self-focused and other-focused fears. The sub-predictions are that self-focused fears can cause other-focused fears and vice versa. The experiments provided strong support for the main prediction. Visualising intrusive or voluntarily generated, negative mental imagery of the self or others increased state anxiety and state social anxiety. However, the studies' implications for the sub-predictions were less clear. Negative, self-focused images and memories increased paranoia whether they were intrusively experienced or newly generated. This suggests that there may be a clear pathway from self-focused fears to other-focused fears. However, voluntarily generated, negative memories of others did not affect self-esteem. This indicates that the pathway from other-focused to self-focused fears may be less direct. Caution must be employed when drawing conclusions from these studies due to limitations in the psychometric measurements used. Self-esteem (measured by the State Self-Esteem Scale) stood for self-focused anxiety and paranoia (measured by the Paranoia Checklist) stood for other-focused anxiety. Global self-worth, as measured by self-esteem scales, is a related but distinct concept to social self-consciousness. Similarly, some items on the Paranoia Checklist are ambiguous. For example, 'Bad things are being said about me behind my back', 'People are laughing at me', and 'There might be negative comments being circulated about me' could be attributed to either or both self-focused and other-focused fears, rather than other-focused anxiety specifically.

Chapter Five sought to overcome the limitations in measurement observed in previous chapters. Reviewing existing social anxiety and paranoia psychometric scales revealed similarities and ambiguity. These scales typically measure general distress rather than the underlying core fears which differentiate the two constructs. Moreover, prediction two of the theoretical model – that self-focused fears and other-

focused fears were strongly correlated – could not be investigated without direct and precise measures of these constructs. I therefore designed new scales to directly measure these core fears. The Self-Focused Anxiety Scale (Self-FAS) and Other-Focused Anxiety Scale (Other-FAS), showed good validity and reliability. They showed high internal consistencies, sound single-factor structures, and good convergent and divergent validity with existing measures. They also successfully discriminated between socially anxious and anxious, depressed, and healthy samples. These new scales revealed that self-focused and other-focused fears are highly correlated, unimodally distributed and positively skewed. This provides strong support for prediction two of the model detailed in Chapter One.

## Using a Mixed-Methods Approach

Using a mixed-methods approach proved an effective way to investigate the theoretical model's predictions. I sequentially employed qualitative, experimental, then quantitative approaches, which meant that the design of each study could be informed by the outcomes of the previous study. Moreover, this methodology enabled me to take a balanced approach, and use each method to counteract the shortcomings of the other. For example, the qualitative, semi-structured interviews in Chapter Three provided a large and rich dataset, which enabled me to investigate the experiences of socially anxious individuals in great detail. However, the sample size was small which limits generalisability. The experiments in Chapter Four utilised a computerised interview which did not allow the same degree of freedom of expression, nor provide such a rich, detailed dataset. However, this design had the advantages of enabling employment of a much larger sample and minimising

experimenter effects, social desirability bias, and any anxiety-inducing effects of a face-to-face interview. Therefore, the studies' results are complementary. Chapter Three revealed that some socially anxious individuals placed particular importance on perceptions of others in relation to their social anxiety. Chapter Five confirmed that other-focused fears are equally as common as self-focused fears in a much larger sample. Chapter Four demonstrated that negative perceptions of others cause increases in social anxiety.

## Overall Conclusion

Together, the results presented here provide support for my theoretical model. There is preliminary support for the model as a whole, including the proposed importance of perceptions of others in social anxiety and the potential maintenance mechanisms of self-focused and other-focused fears. There is strong support for its two main predictions 1) that anxiety in social situations can be caused by other-focused fears as well as self-focused fears, and 2) that self-focused and other-focused fears are highly correlated. However, implications for the proposed trajectories between self-focused and other-focused fears are less clear and require further investigation.

## Implications for the Theoretical Model

The theoretical model put forward in Chapter One posits that anxiety in social situations can result from self-focused fears of personal inadequacy or inability to come across well in social situations; from other-focused fears of the hostile nature and potentially malicious intentions of others; or from both in parallel. It also predicts that self-focused and other-focused fears can cause one another, and that they exist on a two-dimensional continuum in the general population. Implications of this body of work for each of the major predictions of the model, and potential changes to the model in light of this work, are detailed below.

### Prediction 1: Self and other-focused fears can cause anxiety in social situations via independent or mutual processes

The model's first and main prediction is that anxiety in social situations can result not only from self-focused fears, but also from fears surrounding other people (either independently or in parallel). In Chapter Three, negative self-concept and fear of negative evaluation emerged from interviews with socially anxious individuals as major themes. This finding reflects existing models of social anxiety in that individuals fear the social consequences of their inadequacies, or that they may represent themselves overly negatively in social situations and therefore incur negative judgement. However, not all participants gave responses that were coded within these themes, indicating that though all participants experienced significant levels of social anxiety, not all held a negative self-concept. This suggests that there may be another cause of anxiety in social situations. The theoretical model predicts that this alternative cause is anxiety of others. This prediction was supported by the

data in Chapter Three, in which the importance participants placed on the role of others in contributing to their anxiety was reflected in several strong themes of other-focused fear, including a negative concept of others, perceptions of a power imbalance between self and others, and feelings of persecution and threat.

Chapter Four tested this prediction experimentally. Negative images of self and / or others were used to experimentally induce or activate negative concepts thereof. Study One used pre-existing intrusive social images and Study Two used new and voluntary images generated using image induction scripts. In both experiments, negative images involving others increased anxiety and social anxiety to the same degree as self-images. This suggests that, as predicted by the model, anxiety in social situations can result from a negative concept of others as well as a negative self-concept. Specifically, the model predicts that other-focused fears can cause anxiety in social situations independently of self-focused fears. Intrusive images of others in Study One tended to also involve the self, and so it could not be concluded that negative images of others could cause social anxiety independently of negative views of the self. However, images in Study Two were deliberately manipulated and confirmed to be focused only on the self, or only on others. Images of others in this study caused anxiety and social anxiety to the same degree as self-images, providing strong support for this prediction.

**Prediction 1a: A negative self-representation can cause a negative representation of others.**

The model predicts that self-focused fears, or a negative representation of self, can cause other-focused fears, or a negative representation of others. In

Chapter Three, some participants' perceptions of their own inadequacies caused them to interpret other people as intolerant of their shortcomings, and spiteful in their behaviour. This interpretation provides preliminary, inferential support for the model's prediction that holding a negative self-concept can cause one to evaluate others unfavourably.

Further support comes from Study One in Chapter Four, which found that negative self-images increase paranoia to the same degree as images involving others. The model predicts that the pathway between self-focused and other-focused fears develops gradually over time, via the steps depicted in Figure 1. Because images in Study One were recurrent and intrusive and had therefore been experienced by participants for some time, it was not possible to conclude whether this causal pathway does require time to develop, or whether a negative concept of others can be immediately activated by inducing a negative self-concept. However, Study Two in Chapter Four used new, voluntary images of self and others and found no differences in paranoia increase. The two experiments support the overall prediction that self-focused fears can lead to other other-focused fears, but the results of Study Two suggest that this cross-activation may be an immediate effect, rather than a gradual process. However, caution should be taken while drawing such conclusions from these experiments. They employed the Paranoia Checklist, which is an imperfect measure of other-focused fears due to ambiguity and overlap with self-focused fears, which may explain the finding (see Chapter Five for further discussion). That is to say, if the scale used in these experiments to measure other-focused fears was, to some degree, measuring self-focused fears, then the true extent of any cross-activation from self-focused to other-focused fears cannot accurately be determined. Future research could investigate this prediction further

using the new measures developed in Chapter Five (see Future Directions section below for further discussion).

**Prediction 1b: A negative representation of others can cause a negative self-representation.**

The model also predicts that a negative representation of others, or other-focused fears, can cause a negative representation of self, or self-focused fears. Some inferential support for this hypothesis emerged from Chapter Three, in which participants' perceptions of others' hostility towards them led them to question their own self-worth. Again, this prediction was tested more directly by the two imagery experiments in Chapter Four. In Study One, images-of-others decreased self-esteem to the same degree as self-images. However, because the intrusive images used therein usually also involved the self, it is not possible to conclude that reductions in self-esteem resulted directly from the activation of a negative concept of others. That is to say that the observed decreases in self-esteem may have been a result of the presence of self in these images. Study Two used image induction scripts to generate images of the self only, or images of others only. In this study, images of others only had no effect on self-esteem. This suggests that the trajectory from other-focused fears to self-focused fears is not activated immediately. From this work, we cannot conclude whether or not it may be activated gradually over time as the model predicts. It may be that this pathway is not as strong, reliable, or quick to develop as its reverse. In this case Figure 1 of the theoretical model should be amended to show larger arrowheads in the direction from negative self-concept to negative concept of others, and smaller arrowheads in the opposite direction. Further

caution should be taken when interpreting these results because self-esteem is an imperfect measure of self-focused fear. Future research could investigate this trajectory more directly using the new measures developed in Chapter Five (see Future Directions section below for further discussion).

## Prediction 2 – self-focused and other-focused fears are strongly, positively, and linearly correlated in the general population

The second major prediction of the model concerned the structure of self-focused and other-focused fears in the general population. I predicted that self-focused and other-focused fears would be strongly, positively, and linearly correlated. That is to say, that though most individuals in the general population would experience insignificant levels of either construct, those who experience some degree of either fear would be likely to experience similar levels of the other, and relatively few people would experience high levels of one fear and low levels of the other.

This prediction was tested in Chapter Five. I developed new measures of self-focused and other-focused fears which were shown to be valid and reliable and had good construct and discriminant validity. In a large, mixed clinical, sub-clinical, and non-clinical sample, scores on the two measures showed a strong, positive, and linear correlation. Chapter Five therefore provides strong support for this prediction and no amendments to this aspect of the model need be made at this stage.

**Prediction 3: Attribution of negative experiences to self or others strengthens negative representations, and Prediction 4: Rumination and safety behaviours strengthen negative representations of self or others**

The theoretical model also makes predictions regarding the onset and maintenance of self-focused and other-focused fears. It posits that attributing negative experiences to self or others can cause or strengthen a negative concept thereof. For example, one may attribute being criticised at work to one's own shortcomings, which could cause or strengthen a negative self-concept. One could also attribute such criticism to the hostile nature of others, which could cause or strengthen a negative concept of others. Crucially, the model does not assume that internal and external attribution are mutually exclusive. It allows for the possibility that some aspects of an adverse event are attributed to others and other aspects are attributed to the self. It also allows for the possibilities that attribution could be dynamic, or simultaneously internal and external. In accordance with this prediction, few interview participants in Chapter Three showed evidence of only one attributional style. For example, participants often attributed some indices of negative events internally and other indices externally, and one participant seemed to attribute a negative social event to her own shortcomings but later described the same incident with a strong sense of having been unfairly treated by others (see Chapter Three for further discussion).

Finally, the model predicts that negative concepts of self and others are maintained through safety behaviours and rumination. These predictions are not new and are well established in both the social anxiety and paranoia literatures (See Chapter One for further discussion). Chapter Three yielded some tentative implications for these predictions: anticipatory and post-event rumination contributed

to the way participants constructed their experiences; and safety behaviours were relied upon to manage or hide personal inadequacies, as well as to protect the self from external threat.

Further investigation of these predictions was beyond the scope of this work. Chapter Three's findings were encouraging and warrant further investigation, but they did not provide sufficient evidence to either confirm these predictions nor to necessitate any changes to the model at this stage.

**Summary of Implications for the Theoretical Model**

It would be remiss to investigate the finer details and connections within the model without first testing its general premises and underlying ideas, and it was beyond the scope of this work to achieve both. As such, this work focused upon the model's major theoretical predictions as detailed above. These major predictions were largely supported, and so no changes to the fundamental structure of the model are necessary: both a negative self-concept and a negative concept of others were found to cause anxiety in social situations. Implications for the proposed pathways between these concepts are less clear, and further work is needed before it can be decided whether changes to the model are necessary, and what those changes should be. Overall, in light of this work, one may imagine ticks next to the large, main arrows depicted in Figure 1, and question marks above the central, bi-directional pathway. Avenues for further investigation are discussed in the Future Directions section below.

**Wider Implications**

This work has several implications for theory, research, and practice. Its first major theoretical implication is that social anxiety in its most literal sense, anxiety in social situations, should be understood as the consequence of one or two distinct but related fears. One of these fears is self-focused and one is focused on others. The second major theoretical implication is that most socially anxious individuals experience similar levels of both core fears. Social anxiety is therefore not always self-focused: perceptions of others are equally important. This provides a preliminary answer to questions in the literature regarding the relationship between social anxiety and paranoia. They correlate because their underlying core fears correlate. They overlap because both core fears cause anxiety in social situations.

The model provides a theoretical framework and novel hypotheses to facilitate future investigation (discussed further below). As a whole, this work also yields recommendations for research design and methodology more generally. Individuals who experience anxiety in social situations may not experience it due to self-focused fears of personal inadequacy only, or even primarily. This should be kept in mind when screening for socially anxious samples and when drawing conclusions about their characteristics and experiences. Given the very strong correlation between self-focused and other-focused core fears, self-focused anxiety should be accounted for as a potential confounding variable in paranoia research (especially when sub-clinical samples are used). The new scales presented in Chapter Five provide means to measure levels of self-focused and other-focused fears. They will enable researchers to screen or describe samples in terms of these core fears. Researchers could also use the scales to determine the relative relationships between these core fears and other variables of interest.

This work has potential implications for diagnosing and recognising social anxiety. Criterion B of the DSM V classification of social anxiety disorder states that, 'The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e. will be humiliating or embarrassing; will lead to rejection or offend others) (APA, 2013; p. 202). This criterion is self-focused: the individual's anxiety is caused by self-focused fears of personal inadequacy. In Chapter Five, new scales to measure self-focused social fears and other-focused social fears (the Self-FAS and Other-FAS) were administered to a large number of socially anxious and healthy volunteers. They revealed that though self-focused and other-focused fears strongly correlate, some individuals experience high levels of one and relatively low levels of the other. Moreover, in Chapter Three, interview participants were screened for high levels of social anxiety and were asked to identify the emotions that accompanied their experiences. Three of eleven participants (27.27%) rated embarrassment below 50 on a 100-point visual analogue scale, and seven participants (63.63%) rated shame below 50. Therefore, there are some individuals whose social anxiety is associated primarily with the thoughts and intentions of others rather than self-focused fears of personal inadequacy, and some individuals who may not associate their anxiety with self-focused emotions such as shame or embarrassment. These individuals may not meet current DSM criteria, and therefore may not be recognised as experiencing social anxiety (or receive appropriate help).

There is a similar issue in the way in which social anxiety is identified in the Improving Access to Psychological Therapies (IAPT) initiative. During formulation, individuals are presented with several questionnaires including the Patient Health Questionnaire-9 (PHQ-9; Spitzer, Kroenke, Williams, et al. 1999), the Generalised

Anxiety Disorder-7 scale (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006), and the IAPT Phobia Scales (IAPT, 2011). Only one question on the phobia scales is used to identify potential social anxiety. The client is asked to rate the degree to which they would avoid 'social situations due to a fear of being embarrassed or making a fool of myself', from 0 (would not avoid it) to 8 (always avoid it). If the client rates this question as 6 (markedly avoid it) or above, the IAPT practitioner will then administer the Social Phobia Inventory (SPIN; Connor et al., 2000). Individuals scoring 5 or below on this initial question would not be further assessed for social anxiety. Like criterion B of the DSM classification of social anxiety disorder, this question is self-focused. Embarrassment and humiliation are self-focused emotions, and anxiety around making a fool of oneself is a self-focused fear. Individuals who experience anxiety in social situations primarily because of other-focused fears may not rate this question highly enough for their social anxiety to be recognised by IAPT practitioners.

To overcome these issues, diagnostic criteria could be changed to remove the focus on self, or to reflect both self-focused *and* other-focused fears. For example, DSM criterion B could be reworded to 'The individual fears social situations due to fears of personal or social inadequacy (including experiencing noticeable anxiety symptoms) and / or fears regarding the nature and intentions of others (for example, feeling that others are generally ill-natured or intolerant, or may mean the individual personal, social, or physical harm).' The social anxiety question on the IAPT phobia scales could be rephrased to, 'To what extent do you experience anxiety in social situations?'. This change would remove the focus on self and would provide an initial indication of social anxiety. The Phobia Scales could then be followed up by the Anxiety in Social Situations Scale (ASCS, see Chapter Five), which is a shorter and

quicker to administer, but psychometrically sound alternative to other social anxiety scales. No items on the ASCS are self-focused. Therefore, unlike the SPIN, it does not assume that individuals who experience more self-focused fears also experience more anxiety in social situations. In other words, two individuals could have similar ASCS scores even if one individual's anxiety was entirely other-focused and the other individual's anxiety was entirely self-focused. The Self-FAS and Other-FAS could be employed at later stages of formulation to determine the extent of each core fear and design interventions accordingly. This change to IAPT procedure would have the added advantage of measuring distress and not avoidance, as individuals who experience significant levels of anxiety in social situations often do not avoid them, but endure them with considerable distress (see Chapter Three, pages 81-82 for examples).

Advances in conceptual understanding of social anxiety stand to improve clinical formulation and intervention more broadly. Formulation cannot be comprehensive unless the individual is probed on his/her perceptions of others as well as his/herself. Moreover, Moscovitch (2009) highlights the importance of tailoring clinical interventions for social anxiety to the core fears of the individual, but emphasises idiosyncrasies in self-focused fears only. The findings presented here demonstrate that these core fears may well be related to others. Practitioners should be aware that individuals are likely to experience similar levels of both self-focused and other-focused core fears. Therefore, interventions targeting only one core fear may be insufficient to fully alleviate anxiety in social situations. The new psychometric measures developed and validated in Chapter Five may prove useful tools in identifying and detangling underlying perceptions of self and others and their

relative contributions to an individual's distress. This will provide a more holistic yet precise understanding than is achievable using existing measures.

## Future Directions

According to the theoretical model presented in Chapter One, social self-consciousness, or self-focused anxiety, is maintained by processes including awareness of anxiety symptoms, self-monitoring, and dissonance between the self and perceived social standards. Other-focused anxiety is maintained by hypervigilance and negatively biased estimations of others' thoughts and intentions. There is considerable support already for the mechanisms proposed to maintain these self-focused fears, which are based on the social anxiety literature (Clark & Wells, 1995; Rapee & Heimberg, 1997; Hoffmann, 2007). Further investigation is needed to confirm the mechanisms underpinning other-focused fears. Research should seek to confirm that high occurrence of hypervigilance and negatively biased estimations of others' thoughts and intentions are associated with higher levels of other-focused fear (measured using the new Other-FAS scale).

The model also predicts that self-focused and other-focused fears can cause one another, and that these causal pathways develop gradually over time. The implications of this body of work for these predictions are not clear-cut. Further research on this topic would benefit from the development and validation of state self-focused anxiety and state other-focused anxiety scales. This would enable researchers to detect increases in self-focused and other-focused anxiety in response to experimental induction or activation of either core fear. These effects could be compared between individuals who already experience self-focused and/or

other-focused anxiety and individuals who do not. This would help to elucidate the degree to which cross-activation can happen immediately. It may be that inducing self-focused fear immediately initiates some degree of other-focused fear and vice versa, but that these pathways strengthen and their effects magnify with time. It may also be that the pathway from one core fear to the other is stronger or more direct than its counterpart. For example, self-focused fears may immediately cause high levels of other-focused fear, but other-focused fears may only begin to cause self-focused fears with repeated experience and rumination. Longitudinal research could assess social self-focused and other-focused fears as predictors of one another. Chapter Five provides strong support for the prediction that self-focused and other-focused fears are strongly, linearly, and positively correlated, and exist on a positively skewed unimodal distribution. However, correlations and distributions should be replicated in a larger epidemiological study in order to be more representative of the general population.

Chapter Three discusses preliminary evidence that internal and external attribution of negative experiences are not mutually exclusive. That is to say, individuals may attribute some negative experiences, or some aspects thereof, to both themselves and others simultaneously. Research could investigate the role of internal and external attributional styles to anxiety in social situations in several ways: i) attributional style could be manipulated, and effects on state self-focused and other-focused anxiety observed; ii) self-focused or other-focused anxiety could be induced, and likelihood or degree of each attributional style observed; iii) naturally occurring levels of self-focused and other-focused fears could be correlated with tendencies towards internal and external attribution. This line of research would also benefit from further qualitative investigation into attribution of negative experiences,

anticipatory and post-event rumination, and safety behaviours with regards to levels of self-focused and other-focused fear. Specifically, it would be interesting to learn more about potential heterogeneities between these processes when they pertain more to social self-focused fears compared to when they pertain more to other-focused fears.

Finally, a worthwhile avenue for future research would be to assess the utility of the theory in clinical settings. For example, can the Self-FAS and Other-FAS aid diagnosis or formulation? Does consideration of both self-focused and other-focused fears improve interventions for social anxiety? If so, the theory may prove a valuable contribution to evidence-based practice. Based on continuum models of social anxiety and paranoia (see Chapter One), and the arguments put forward in Chapter Two, research and intervention should not be limited to clinical samples. Research should seek to identify the points at which self-focused and other-focused fears necessitate self-help, low-level, or high-level intervention. The focus should be on preventing the cores fears escalating to problematic levels. It would also be interesting to ascertain which type of fear is more amenable to intervention. Risk factors for the two core fears could also be investigated by considering dimensions of personality or life experiences as predictors of each.

* * *

Does Hippocrates speak of social anxiety or paranoia in his recount of the soul who

loves darkness as life?

*He dare not come in company*.

Is this self-doubt? *For fear he should over-shoot himself in gesture or speeches.*

Or distrust of others? *He thinks every man owes him malice.*


More often than not, it is both.

*Bashfulness, suspicion, and timorousness.*

# Appendices

# Chapter Three Appendices

## Appendix 1: Interview Template

Greet the participant and introduce yourself

Ask them to read through the study brief

Ask whether they have any questions

Ask them to sign the consent form

Sit them at the computer and ask them to fill in the demographics, DASS-21 and Paranoia Checklist

(When they're finished) Inform the participant that you will begin the interview now, and that you are now starting the audio recording

Remind them that the study can be paused / stopped if they would like a break or to withdraw at any time

Explain that you will be asking some questions on mental images relating to social situations, and that this can be anything involving yourself or other people

Define mental images:

- *Mental representations with sensory components: visual, auditory, somatic, olfactory, gustatory, tactile*

- *A picture, thought or representation that we can 'see in the mind's eye', 'hear in the mind's ear' etc. when it is not present in real life*

- *Can involve seeing oneself or other people, can involve a specific memory or relate to a future situation, or be imagined*

- *Mental images are negative if they are unpleasant or cause you to feel unpleasant emotions such as sadness or anxiety*

- *They are 'intrusive' if they pop into your head at random times, even if you don't want to think about them, and they are 'recurrent' if this has happened more than once*

1. On the screening measure you reported experiencing recurrent and intrusive imagery relating to social situations, can you describe that for me?
   - *Get the participant to describe the image in as much detail as possible in their own words*

- *If they are struggling or describe a different image to the one they reported on the screening measure, remind them of this and ask them to elaborate (it's fine if they experience more than one image as long as they are all relevant)*
- *When you're sure they have finished, summarise the image and report it back to them, let them make any elaborations / clarifications*
- *Make sure the focus of the image is clear: is it self, others, or self and others?*

2. When does this image tend to occur?
   - *First let them answer freely and follow up on their responses*
   - *Provide some prompts e.g. when in a negative mood, when leaving the house, when meeting other people, before a big event such as a speech or presentation*

3. Ask the participant to visualise their image for 20 seconds – time them

4. What senses are involved in your image?
   - *At first, allow the participant to answer this question unaided. Most images are primarily visual*
   - *Probe the participant on the sensory modalities they mention as necessary*
   - *Probe the participant on sensory modalities they have not yet mentioned: what can they see? What can they hear? Smell? Taste? Touch? Feel in their body?*

5. When we talk about images, we talk about their 'perspective'. They can be from your own perspective as if looking through your own eyes, they can be from a 'third person' perspective as if looking through the eyes of someone else, or they could be a more 'fly on the wall' perspective. They can sometimes alternate between perspectives.
   - *Show the participant the perspective diagrams*

Could you please describe the perspective of your image?
   - *Make sure they understand what we mean by perspective*

- *If the participant's description of the perspective doesn't match with their description of the image, e.g. they have described a self-image from a field perspective, please probe them on this!*

6. Is your image linked to any particular memory? If so, could you please describe this memory?
   - *How old is the memory?*
   - *Is the image an accurate representation of the memory, or has it been distorted from reality? How so? To what degree?*
   - *Show them the memory distortion VAS and ask them to rate how different their image is from the original memory / experience*

7. Would you describe your image as relating more to the past, the present, or the future, or is it 'outside of time'?

8. What beliefs about yourself are associated with your image?
   - *Prompt the participant based on their image, e.g. if it was an image of them blushing, what does this mean to them?*
   - *Follow up the participant's response with further questions, e.g. if they believe that other people will not like them, ask them to explain the reasons behind this*
   - *How does the image make her/him feel about her/himself?*

9. What beliefs about other people are associated with your image?
   - *Prompt the participant based on their image, e.g. if it was an image of people laughing, what does this mean to them?*
   - *Follow up the participant's response with further questions, e.g. if they believe that people are likely to laugh at them, ask them the reasons for this*
   - *How does the image make him feel about other people?*
   - *Specifically, we are interested in perceptions of negative intentions from others*

10. What emotions are associated with your image when it occurs?

- *Allow the participant to answer freely, and probe them on any feelings they mention. What specifically is making them feel that way?*
- *When you're sure they are finished, present them with the emotionality VASs and ask them to rate each emotion.*
- *Ask them to explain any emotions they rate higher than 50 / 100, e.g. can you describe where your feeling of disgust comes from?*

11. What happens when you experience your image?
- *First, let the participant answer freely and probe them on their response as necessary*
- *Does it cause or make you more likely to avoid certain things?*
- *Does it cause or make you more likely to do any specific behaviours?*

12. Finally, could you describe a social situation that you really enjoyed?
- *Ask the participant to visualise this for 20 seconds, time them*
- *If they can't think of one, ask them to describe and visualise something that makes them happy, e.g. a friend, a pet, a holiday they are looking forward to*

Thank the participant and inform that this is the end of the interview and that you will now stop the recording

Take the participant over to the computer to watch the mood reversal video

Ask the participant to read through the debrief and give them a copy to take away  Ask whether they have any final questions

# Appendix 2: Perspective diagrams

## Observer Perspective



Self                   Others
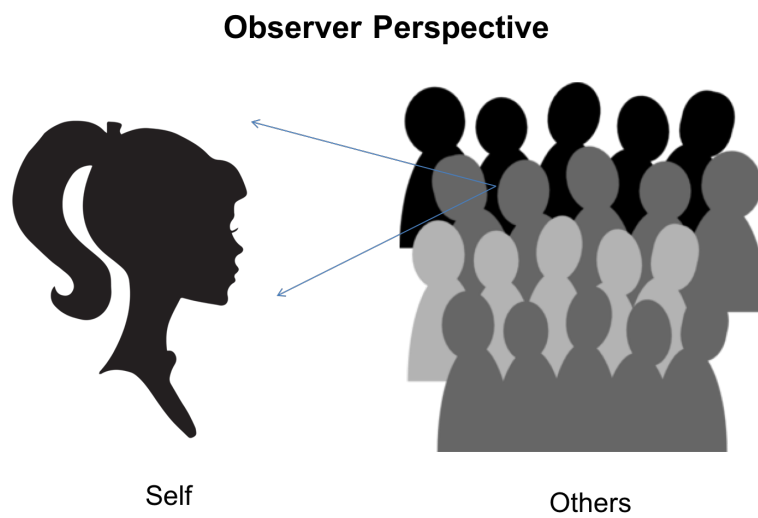
*Figure 16*: Diagram to show observer perspective

## Field Perspective



Self                   Others
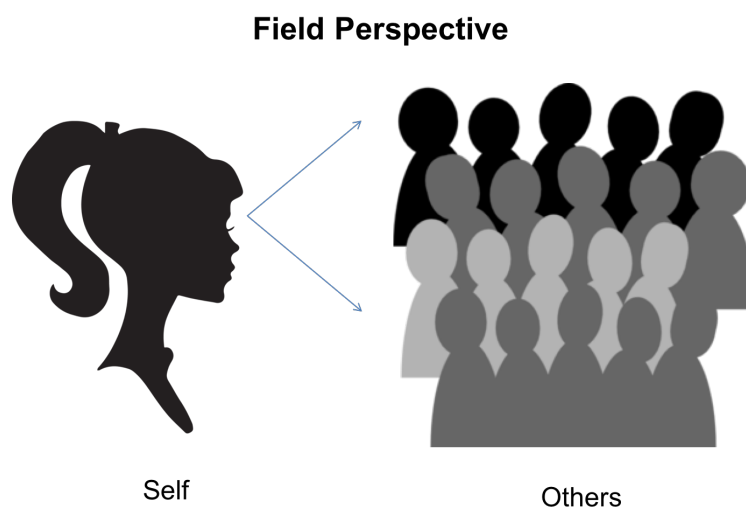
*Figure 17: Diagram to show field perspective*

## Fly on the Wall Perspective



Self                   Others
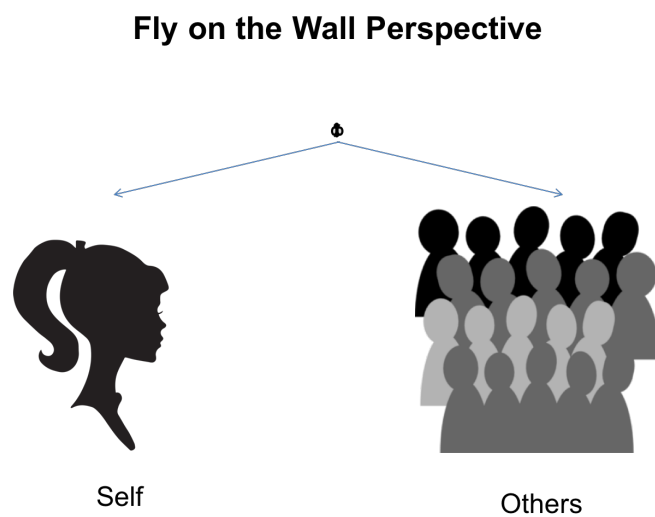
*Figure 18:* Diagram to show fly-on-the-wall perspective

**Appendix 3: Visual Analogue Scales**

How distorted from reality is your image?

| 0 | 100 |
|---|---|
| Not at all distorted (exactly like reality) | Completely distorted (not at all like reality) |

How sad does your image make you feel?

| 0 | 100 |
|---|---|
| Not at all sad | Completely sad |

How angry does your image make you feel?

| 0 | 100 |
|---|---|
| Not at all angry | Completely angry |

How embarrassed does your image make you feel?

| 0 | 100 |
|---|---|
| Not at all embarrassed | Completely embarrassed |

How ashamed does your image make you feel?

| 0 | 100 |
|---|---|
| Not at all ashamed | Completely ashamed |

How anxious does your image make you feel?

| 0 | | 100 |
| Not at all anxious | | Completely anxious |

How disgusted does your image make you feel?

| 0 | | 100 |
| Not at all disgusted | | Completely disgusted |

How suspicious does your image make you feel?

| 0 | | 100 |
| Not at all suspicious | | Completely suspicious |

How threatened does your image make you feel?

| 0 | | 100 |
| Not at all threatened | | Completely threatened |

*Figure 19:* Visual Analogue Scales (VASs) to measure emotionality

## Appendix 4: Sample Transcript with Initial Notes and Codes

(Full, annotated transcripts are available on request.)

<table>
<tr><td><strong>Key</strong></td><td></td><td><strong>Interview 8</strong></td><td><strong>Initial Codes</strong></td></tr>
<tr><td>
I: Interviewer<br>
P: Participant<br>
,  Micropause<br>
.  Short pause<br>
…  Pause<br>
-  Word not<br>
   finished<br>
[] Longer pauses<br>
   and  other<br>
   verbal / not<br>
   verbal ques shown<br>
   in brackets<br>
* Names and<br>
   identifiable<br>
   information<br>
   removed or<br>
   replaced
</td><td></td><td></td><td></td></tr>
</table>

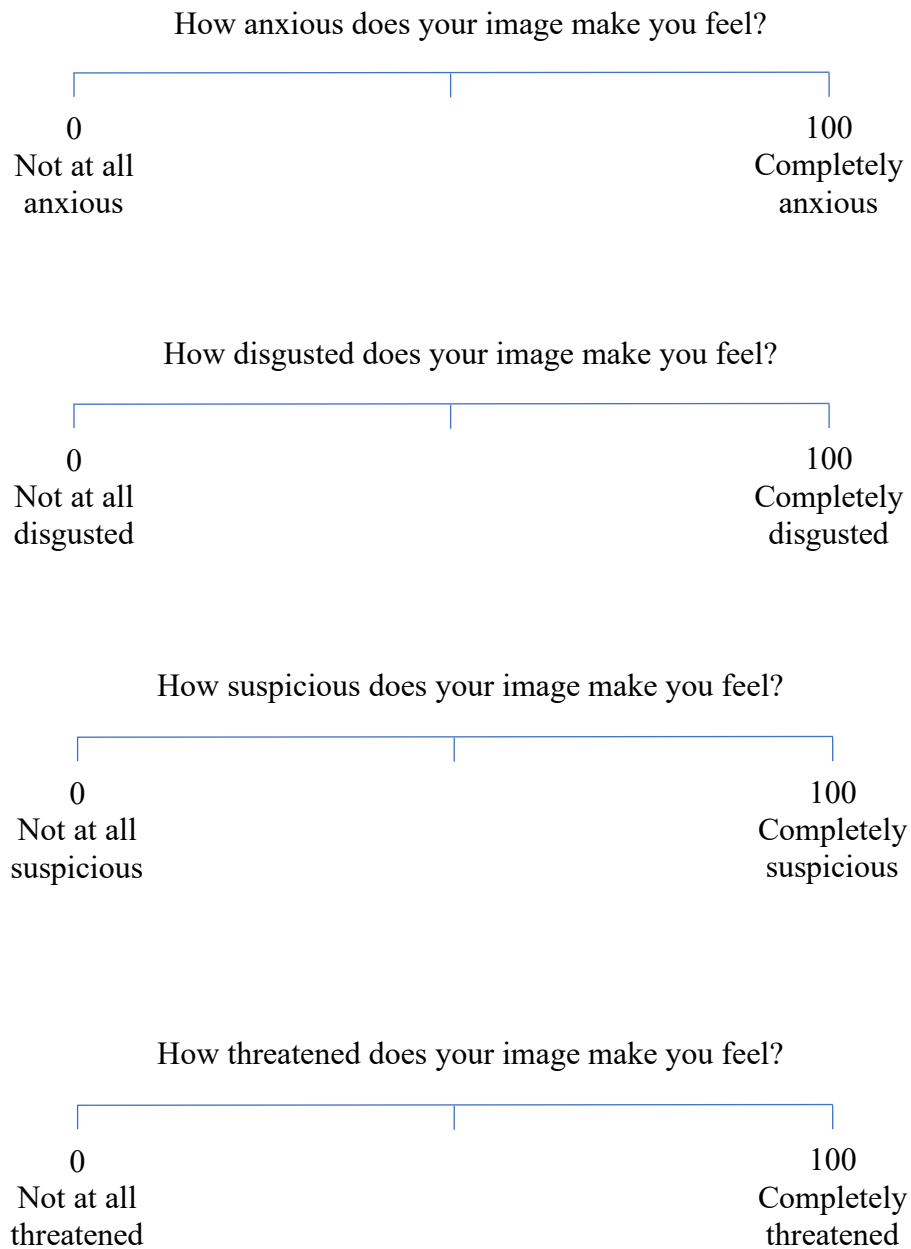|  | | Interview 8 |
|---|---|---|
| 1 | I: | Ok so I am gonna be asking you some |
| 2 | | questions on mental images relating |
| 3 | | to social situations, so this can be |
| 4 | | anything involving yourself or other |
| 5 | | people. So a mental image is a |
| 6 | | picture, thought or a |
| 7 | | representation, that we can see in |
| 8 | | the mind's eye, hear in the mind's |
| 9 | | ear, when it is not present in real |
| 10 | | life, |
| 11 | P: | Right ok, yeah |
| 12 | I: | Does that make sense? |
| 13 | P: | Yeah |
| 14 | I: | So, um, on the screening survey you |
| 15 | | reported experiencing recurrent and |
| 16 | | intrusive imagery- |
| 17 | P: | Yeah |
| 18 | I: | Can you describe that for me? |
| 19 | P: | Usually when I'm in a social |
| 20 | | situation, I always have these like |
| 21 | | thoughts, where people are noticing |
| 22 | | my behaviour, so like in my head I |
| 23 | | am thinking, just act normally, like |
| 24 | | be calm and I always think they're |
| 25 | | gonna pick up on certain things I do |

**Notes**

*Emphasis on other people noticing behaviour, She tries to 'act normal'*

**Initial Codes**

- Being watched
- Others noticing behaviour
- Self-monitoring

1

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Fears of being the centre of attention, being noticed by others

26    and like point it out in front of
27    everyone, and that worries me,
28    because everyone starts noticing
29    then [laughs nervously]

- Fear of being ridiculed
- Centre of attention
- Being criticised
- Being 'outed'

30  I: So what I take from that is that it
31     is the idea that people are noticing
32     how you are feeling, is that right?

33  P: Yeah I would rather not everyone
34     know and make a big scene out of it
35     [laughs nervously]

- Shame / embarrassment
- Hiding
- Overwhelming

36  I: Mmmhmm

Doesn't want others knowing things about her

37  P: I am quite an introverted person, I
38     don't want my concerns to be the
39     concerns of others

- Introversion
- Privacy

40  I: Ok, thank you

41  P: [Laughs nervously]

42  I: So can you tell me, thinking back to
43     that image you described, so you
44     talked about, in social situations,
45     worrying that other people notice
46     you being distressed or anxious, so
47     would you say that that image is
48     focused on yourself?

Others noticing anxiety symptoms

49  P: Oh other people? Yeah, I think they
50     might notice like my hands trembling
51     and like, in my head I am just
52     focusing on not trembling my hands

- Others noticing anxiety symptoms
- Somatic symptoms visible

2

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# Appendix 5:

# Extracts within each theme and subtheme

**Self-focussed anxieties**

**Theme 1: Attribution to self**

**1.1 Making a mistake**

6 participants, 11 codes

P1: And I was talking to my friend who's moving in with me and then I noticed the guy was behind me, and instead of just doing a normal thing like being like "hi, I didn't see you there" I just screamed like "HEY" [laughs], for no reason.

P5: So standing in front of people and getting something wrong, and then losing my train of thought and not then not knowing what I was talking about, and having to go back, and then it being a marked presentation or something and just being graded, then I'll like freak out and I'll be like 'oh god' I have disappointed them or I won't be getting what I want, or like it just can't, it freaks me out, I hate it, I hate the idea of it. So yeah it is usually if I like mess up and then because I mess up, or forget something, the rest of it I can't remember. So it is like one thing coming into a much bigger thing. Like if I just messed up and picked it up again that would be fine, but just getting flustered, being too nervous, and then forgetting everything else [laughs nervously]

P7: I get really nervous when I am meeting people for the first time… I don't show it always but I do get quite nervous like I am worried that I will say some weird stuff, that might make the person think I am sort of a weird guy really, which I don't want, I just want them to think I am just a normal person.

P7: Mmm its only very subtle, episodes of depression, where you might just feel low, and where you are quite reflective and where so of the images of where you have screwed up in social situations may reoccur and that might make you feel really down about yourself so, yeah, it happens rarely but, it can occur yeah.

P7: You want to make a good impression and I can imagine myself not knowing who to talk to apart from my friends and who do I approach, who do I approach? Who do I sort of meet sometimes, and sometimes trip over words, that does happen [breathes deeply]

P8: I'm not really sure, I have always had problems with presentations, that is probably the worst thing, if I ever hear that I have to do a presentation that is the worst thing, and I did have a really bad presentation in primary school, and I think we had to choose our own topics and I choose something really boring and I think everyone chose

like pets or something and I chose like Victorians [laughs] and I just remember everyone being really like bored, and like disinterested…

P9: Normally, after being embarrassed it turns to like being ashamed. I know there are two points of view. One, 'why did you think like that?' kind of thing. Like don't do that to yourself kind of thing. And the other part was like 'ooh, maybe I did something embarrassing.' like, hide your face, kind of thing. Like, shrink.

P10: But, yeah, it's just I don't like it when I feel like everyone is looking at me, and I don't like it when I feel like I've said something sort of embarrassing people remember that? I always feel like 'oh god, are they judging me' 'are they talking about it behind my back?'

P10: I'm trying to think. I remember like falling over in the middle of Exeter in front of everyone, that was a nice one. I still remember that, and it's nice, no one noticed. No one noticed, but in my head, everyone noticed. There's loads [pause] oh, I remember, um, at a party, I was texting some guy after a party and he told me he had broken up with his girlfriend. Finally found out he hadn't broken up with his girlfriend and I'd gone on a few dates with him. That was a horrible one, because I felt bad. I felt like that had been my fault, which sometimes still stresses me out, like 'oh, was that my fault? Did I cause him to cheat? I went out on a few dates with a guy who had a girlfriend'. But, obviously, he hadn't told me and he hadn't told her so nothing. Yeah just things like that, like that one will still make me feel guilty. But it's like, well, I didn't know? You can't do stuff if you don't know?

P10: Oh yeah, so I can think of things from, something stupid from when I was 15, um, I'm trying to think of like an example of it. So, um, I'll think of something I've said to someone and they've misunderstood and I've upset them and I can think about that, and I'll relive it and I'll still feel embarrassed. And it can be something from years ago, from someone who doesn't even remember it?

P10: So where I've made mistakes at work and I still remember this like, we had a Valentine's, um, set menu kind of thing in a restaurant I worked in, must've only been 17 and I took it to the wrong table and it all went like [raises hands in the air] like, really bad. And I can still remember doing that and it's still horrible.

## 1.2 Self-blame for negative events

7 participants, 10 codes

P5: Just the fact that I know I can do better, and it is just like, why because when you know you can do better and you are not doing it, it is like why am I being like this? There is no reason for it and it is just like, oh it is just me? And it doesn't make you feel good.

P6: I feel like I do it to myself to be honest, like I definitely withdraw, from the conversation, and I don't enjoy it as much, but, I'm, I'd, kind of, they're all laughing and joking, and joking about stuff that I don't necessarily understand, maybe it's an inside joke with them, and I just, feel left out [pause] and don't feel part of it.

P7: It depends how I come across as a person if I felt like I haven't come across as a person they sort of like, uh then I certainly don't feel like I'd fit into the group. Yeah.

P8: I feel like, upset because, I just wish that, it is hard to explain, I wish that I don't act the way I do, so I am like upset with myself, for the way that I act, and I always that, I wish that I didn't act in this way, I could just be like everyone else

P9: Normally, after being embarrassed it turns to like being ashamed. I know there are two points of view. One, 'why did you think like that?' kind of thing. Like don't do that to yourself kind of thing. And the other part was like 'ooh, maybe I did something embarrassing.' like, hide your face, kind of thing. Like, shrink.

P9: Sometimes feel like I've done something wrong. Sometimes yeah, it depends on the- it depends if they are laughing obnoxiously loudly or something. I sometimes think like, 'oh, I must have done something really stupid whilst coming in' or 'maybe I have something stupid on my face or in my hair that I don't know', um, yeah. Little things like that.

P10: I still get mental images of when people- at my last job when I left, the boss went to give me a kiss on the cheek and I froze up because I'm just not good with that. And I still remember, I stood there, he kissed me on both cheeks and he was Dutch, and he felt me [breathes in, mimics freezing] and said, 'oh I'm really sorry, do you not do that in England?' and I was like 'oh no! I'm really sorry! It's not you!' and I still remember like, I can still see myself stood there like being so embarrassed and trying to explain to him that he didn't do anything wrong.

P10: I think it's more situation about getting myself in that situation and being a push over and letting my friends interfere.

P10: Yeah, cos I feel really bad, like I felt awful when I text him. Cos of like he hadn't done anything wrong, or the worse thing, [pauses] no. I felt like I lead him on. And I hadn't lead him on. I felt like 'have I made him think that something could have happened?' and yeah. So, a bit of guilt around that.

P11: I liked to be liked. I don't want to be someone who people dislike. Um, and so to know that people have that level of um, angry and distrust and all that of me or that I've caused them to feel like that, that really upsets me.

## 1.3 Attributing anxiety to self

## 2 participants, 4 codes

P8: I think it is myself, like always being aware of my behaviour, so that is what makes me like think of this image all the time, because I am consciously thinking of how my behaviour will be viewed by others, but it is not really to do with them if you know what I mean… like I don't ever think that I feel anxious because of them, I feel anxious because of my own behaviours.

P9: This is useful because I don't actually know why I kind of react like that. But, I've always done it. Like I remember back in middle school as well. If someone would laugh a little bit too loudly, I'd be like 'oh, they must be laughing at me' or 'I must have something on my face' or little things like that. [Pauses] It might stem from childhood or something that's happened from when I was younger, I don't know.

I: Okay, so what kind of makes you feel sad when you see the image?

P9: That I put myself in that position kind of thing. That I think that they are laughing at me and I make myself feel so self-conscious and anxious when maybe necessarily they aren't laughing at me, they are just laughing at something silly that has happened or a picture they are looking at on a phone. Um, a lack of self-confidence and what I do to myself in that position. My way of thinking, pretty much.

P9: Normally, after being embarrassed it turns to like being ashamed. I know there are two points of view. One, 'why did you think like that?' kind of thing. Like don't do that to yourself kind of thing. And the other part was like 'ooh, maybe I did something embarrassing.' like, hide your face, kind of thing. Like, shrink.

### 1.4 Relieving self-blame

1 participant, 2 codes

P1: Yeah, just after I've done the thing, their actual reaction that they give and then me processing the reaction and thinking like "wow ok, that was…". I mean I know it's kinda my fault that it happens but I don't know, I kind of just want to blame other people.

I: So, would you say that the… ok how can I phrase this question… Would you say that you're feeling more that they should be more tolerant of you, or that you shouldn't have acted like that? Or would you say it's more 50:50?

P1: I think it's more like 80:20 that I should probably work on it, I mean it's not up to them. I'd probably react in the same way… but I think I'm just trying to put blame on other people so that I don't hate myself (P1)

## Theme 2: Self-evaluation

### 2.1 Not meeting own standards

4 participants, 9 codes

P1: I don't really pride myself on it, but I like to think that I'm the kind of person who would help someone but I don't really know how. So I guess I'm ashamed that I didn't know how, or that I just didn't try.

P2: And I get quite stressed about running out of time, and what if this happens… because I'm an older student as well, in fact I'm 30 next year, I kind of think I have to get all this stuff done but I haven't done it yet. And you know, what if something happens and I don't get it done?

P5: Just the fact that I know I can do better, and it is just like, why because when you know you can do better and you are not doing it, it is like why am I being like this? There is no reason for it and it is just like, oh it is just me? And it doesn't make you feel good.

P5: I mean because I am not being the best I know I can be, just not living up to your own expectations as much as not living up to other peoples' expectations and that just makes me really anxious like you are not only disappointing other people, you are disappointing yourself, and that is the worst

feeling. So I would rather be angry at myself than disappointed and anxious, so you feel that, the idea of disappointing other people, as well as disappointing yourself, makes you feel anxious, yeah definitely.

P5: So standing in front of people and getting something wrong, and then losing my train of thought and not then not knowing what I was talking about, and having to go back, and then it being a marked presentation or something and just being graded, then I'll like freak out and I'll be like 'oh god' I have disappointed them or I won't be getting what I want, or like it just can't, it freaks me out, I hate it, I hate the idea of it.

P5: Just the whole thing, it is not performing in front of other people, it is not doing what I want to do, like when you perform you want to be the best you can be, you don't want to be anxious, nervous, you want to ace it, but then just not being able to do that, you feel very restricted, and I hate feeling restricted, in a way, so yeah.

P5: Well because it is always like the feeling like when I am performing that I could be doing better, because I'll sort of compare that image, to sort of previous experiences of when things have gone really well, thinking of when things are going better and just not fulfilling that possibility at all, like that is where the disappointment comes from.

I: So the idea that you are not able to perform in the way you would like to perform makes you feel-

P5: Yeah and the way that I have previously shown that I can, perform or do.

P5: I don't think, because I used to love performing in front of people, because I did drama GCSE and I was deputy head girl, so I had to stand up and do talks and I don't have one particular memory of standing up in front of people and it going badly, so I have no idea of where it has come from.

P8: I feel like, upset because, I just wish that, it is hard to explain, I wish that I don't act the way I do, so I am like upset with myself, for the way that I act, and I always that, I wish that I didn't act in this way, I could just be like everyone else.

## 2.2 Experiencing intrusive imagery / anxiety

4 participants, 6 codes

P2: I'll just be lying there and I'll be quite happy thinking of nothing in particular and then it'll be like "oh but you're going to die though" and it makes you feel like a bit of a freak…

P2: It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

I: And then the more you think about the image the more you, and correct me if I'm wrong this is just what I'm taking from what you've said, the more it makes you feel like you shouldn't have let it affect you so much?

P4: Yeah, one hundred percent.

P5: It is not very distorted, so on the scale it would be like 10, [places mark on distortion VAS] because there weren't any cob webs, so it's not like it has completely changed or got smaller or bigger at the end of the day it is just a room isn't it, I'm such a weirdo.

P5: I don't really know, as much as I feel in the image I always feel really separate from it, it is like the worst version that I can be, so I don't really feel like it reflects much on myself, but when it happens I am always like 'oh really again?' so it makes me feel like, kind of annoyed at myself for like thinking it, yeah pretty much annoyance, because I feel quite separate from it most of the time because usually I am quite confident, as a person, but then it will just pop into my head and I will be like 'why?' I don't need this brain so please don't [laughs nervously] but apart from that I don't think it reflects anything.

I: Okay, so what kind of makes you feel sad when you see the image?

P9: That I put myself in that position kind of thing. That I think that they are laughing at me and I make myself feel so self-conscious and anxious when maybe necessarily they aren't laughing at me, they are just laughing at something silly that has happened or a picture they are looking at on a phone. Um, a lack of self-confidence and what I do to myself in that position. My way of thinking, pretty much.

## 2.3 Reflecting on social performance

3 participants, 6 codes

P1: I do a lot of like reflecting on social situations because that's kind of how I learn them, rather than just automatically knowing…

P1: I've got to think about it and learn from it and evaluate it.

P1: I try and get it out. Well I don't know, it depends. If we're talking about this specific image we were just talking about then I just try and get it out, because I mean I've thought about it enough. I've gained all I can from it now that I don't need to think about it anymore.

P4: Yeah, just after it all happened I started to look a bit more inwardly and thought about I could have handled it differently, like maybe it was my fault. But talking to other people about it, even people that weren't involved, they all said "oh my god, no, I'd have done the same thing" or whatever. And I thought about it, and spoke about it, and rationalised it with myself and my mum who works there… and I thought "no, I tried, and I couldn't have done anything differently" so then it became more aimed at her.

P4: It makes me feel worse about myself, because since coming here I feel like I keep growing all the time… that sounds really cliché but it does. I've just distanced myself from her completely, considering how old she is compared to me. And I used to feel like, when I think back to that image, it makes me feel like definitely that I was more wrapped up in the situation. So that makes me feel when I think back to how… not how I dealt with it because I think I dealt with it well, but it still makes me feel worse about myself than how I feel now.

P7: Mmm its only very subtle, episodes of depression, where you might just feel low, and where you are quite reflective and where some of the images of where you have screwed up in social situations may reoccur and that might make you feel really down about yourself so, yeah, it happens rarely but, it can occur yeah.

**Theme 3: Being evaluated by others**

**3.1 Being judged by others**

10 participants, 45 codes

P1: I mean, I think that in the situation I actually thought that people wanted me, were focusing on me, to help but in reality they probably weren't. I mean why would they? That doesn't really make sense for them to be doing that.

P3: Er, I don't trust people erm I think they're thinking one thing about me but saying another and it makes me angry at those people for making me feel that way and…

P3: Erm more that people I think like and love me don't, they think those things about me and think I'm a bad-tempered person.

P3: I think I'm just more aware of what people think of me and things like that, and me and my partner argue or I argue with family members, I think they think horrible things about me and things like that.


I: Ok, anything else, so this next one anxious, which parts of it are making you anxious when you think about your image?

P3: Erm, [pauses] that other people believe in it.

I: Ok so when you say other people, who, the general public or just-

P3: Yes, people that I meet and people that I know.


P4: Yeah, the argument was in the middle of February and this went on… well basically from a month or so after I started, so April or May of 2015, she just always hated me because he didn't like her or whatever. I don't know. So yeah, probably April 2015 until about August of 2016.

P5: I mean because I am not being the best I know I can be, just not living up to your own expectations as much as not living up to other peoples' expectations and that just makes me really anxious like you are not only disappointing other people, you are disappointing yourself, and that is the worst feeling. So I would rather be angry at myself than disappointed and anxious, so you feel that, the idea of disappointing other people, as well as disappointing yourself, makes you feel anxious, yeah definitely.

I: So if there is ever a possibility where you can avoid presenting, then you will?

P5: Yeah

I: But to make sure you have contributed enough, you would put in more preparation, d-

P5: Definitely yeah. Again because again that is another way I feel like I am letting down people, because I am like 'I can't present' so I do a lot more work to make up for it.

I: So it is the idea that people are kind of watching you did you say?

P5: Yeah, kind of, watching kind of judging it, I think that is the worst bit.

P5: So standing in front of people and getting something wrong, and then losing my train of thought and not then not knowing what I was talking about, and having to go back, and then it being a marked presentation or something and just being graded, then I'll like freak out and I'll be like 'oh god' I have disappointed them or I won't be getting what I want.

I: So you feel like you can't always live up to people's expectations of you is that right?

P5: Yeah especially when presenting stuff, because you basically have to pretend to be a different person which is silly and stressful [laughs nervously].

P5: Well I always like people are very judgemental…

I: What does this mean to you the idea of them judging you?

P5: Well it is sort of like having an expectation and then, I feel like if you don't live up to someone's expectation, you're kind of physically letting them down, and I am just there like 'I can't stand letting people down' or not being what they want or expect. Like if you've said you'll do something then you want to do it to the best you can, but also to the way that people want it.

P6: …you wanna be as confident as them, and 'cause they, they don't care at all what people are gonna think, and obviously I do, a lot.

P6: Erm, I think it's the apprehension of it all, because obviously they're normally people there that I'm not friends with so much, but my friends are obviously there and then their friends come along, and I think that's what makes me feel a bit nervous about whether they'll like me or not I suppose.

P6: I have erm, an immense fear of people being annoyed at me, erm, hate it, so [pause] I'd literally rather people-please than people being annoyed at me.

P7: I am suspicious of what other people are doing, whether they are making subtle judgements or not, and if the person sort of keeps looking at you like that in the corner, you would get a little bit suspicious of what they are actually thinking about you, or a little bit paranoid is a better word, but suspicion comes into that as well.

P7: In terms of the third person perspective, other people sort of making subtle judgements about you, and the paranoia which makes you sort of slightly anxious, about what other people are thinking about you, in terms of what you are saying, and making subtle judgements about how socially able you are.

P7: It is mainly on the others I think, there is a bit of myself involved in terms of how paranoid I get, in terms of what other people are doing behind my back that is what you sort of worry about… How you come across as a person, also first impressions as well, I get really nervous when I am meeting people for the first time… I don't show it always but I do get quite nervous like I am worried that I will say some weird stuff, that might make the person think I am sort of a weird guy really, which I don't want, I just want them to think I am just a normal person.

P7: Uhh I would say it's probably more towards a sort of third person perspective, for me, um I can imagine sort of other people looking at me, making subtle judgements of how I come across in first impressions, meeting new people.

P7: Uhh, well self-esteem levels are certainly lower at that point, um [swallows deeply] uh yeah basically the self-esteem levels sort of do go down if you do just come across as sort of nervous or anything, or lack in confidence etc. but if you do come across as sort of a more confident… self-esteem is dependent on other peoples' views of me, basically.

P7: Um, in sort of secondary school, being sort of having sort of Asperger's Syndrome, it's not that easy sort of socialising with people um and I had to sort of do a lot of

work, in terms of being able to be sort of socially expected, socially what is the word, adequate yes [laughs nervously] so sometimes in secondary school people did notice how I was as a person, with having Asperger's Syndrome which kind of came off as weird or strange etc. which for me really put down my self-esteem in everything and that sort of, and memories of people who sort of judged me for who I was back then, sort of applies today even though I have sort of developed in a type of way.

P7: Um well so sort of having grown up, umm I've um always been sort of socially aware, sort of tried to be socially aware and have a drive to be aware of what other people think about me and around me… so therefore if I see a person, or think of a person who is thinking bad things about me, then in the past I have sort of been very paranoid about what other people have thought about me in terms of different sort of situations.

P7: Umm I wouldn't say its accurate, but the feelings of, um [pauses for thought] the feelings of sort of nervousness, the apparent being paranoid due to the fact that others might be making subtle judgements about you, that is the main factor I think… Just being paranoid due to the fact that others might be judging you for who you are, even though you try to be sort of a normal person. Which you have always tried to be.

P7: Umm when uhh, meeting new people for the first time, umm whether it be going to another person's flat, where they have other friends or something like that, um when you meet people for the first time, yes literally it is just when you are meeting people for the first time, once you get to know the person and they know you are a normal person that feeling goes down, but if you know in yourself, that you haven't come across, as the person you want to be, it can make you feel sort of quite uncomfortable sort of meeting that person again.

P7: Well what I mean by anxiousness is, literally I am just, I am worried that other people might think of me as not being socially able and therefore not include me in their group, or something like that.

P7: Yes and how I come across. How other people take how you're acting and behaving makes you suspicious of other people.

P8: I think it is myself, like always being aware of my behaviour, so that is what makes me like think of this image all the time, because I am consciously thinking of how my behaviour will be viewed by others, but it is not really to do with them if you know what I mean… like I don't ever think that I feel anxious because of them, I feel anxious because of my own behaviours.

P8: In- is not really like strangers, I wouldn't say that that worries me because they don't know me if you know what I mean, but the people that I do know, I don't want them to see me like that.

P8: It makes me more self-aware of my behaviour, it makes me control my behaviour more, and I notice my behaviour a lot and I am always thinking about it, and how I am coming across to other people.

I: So you do have some concerns about how other people do perceive you?

P8: Yeah, the main worry is that you might not be able to keep those friendships with those people because they see you in that way.

I: Thank you so, you are quite worried about other people seeing your behaviours and watching people seeing them?

P8: Because I don't think they understand why, like most people don't really know too much about it, so they don't understand why I have to do things a certain way, so I think if they don't understand they will make fun out of it, rather than just ignoring it, they will probably take the mick [laughs].

P9: I think maybe from my past school, it was an all-girls school so you can already imagine how that must be [laughs], but um, yeah there were always this group of girls who were like kind of like the popular people or whatever, so they always would do anything and everything to bring people down. So they would just pick on people, and it didn't necessarily happen to me, like, I was just sat in front. I was always the one who kept to myself, quiet, like I'd rather not stand out kind of thing. But I would hear them like make fun of someone's hair or make fun of the way someone walked, and I think because I heard those things, I always imagined people would do the same to me. I just, I wouldn't necessarily hear about it, which is sometimes better [laughs].

P9: Sometimes as well, on the walking funny point, when I'm walking down to my lecture or something like that, and I over take someone, I must think like 'ohhhhh, the person is judging me right now, they are looking at how I walk, or what I'm wearing'. I am very self-conscious about things like that.

P9: Um, not that I can actually recall. Um, I've just always been very self-conscious. I always tend to over-worry about

what people might think about me even though it's not that
big of a deal, like I shouldn't worry about it like that. So,
I've always been very shy, very self-conscious. I've tried
lately to step out of my comfort zone, you know, do a bit
more, but, it's always been… I've always been self-conscious.
I tend to over worry a lot, about everything.

P9: Um, so for example, maybe I'm walking like into a room,
like full of people, like my lecture theatre for example. And
they're not necessarily laughing at me, but maybe someone
starts laughing. I always have that little self-conscious
point in the back of my head saying 'oh, they are laughing at
me' 'oh, I might have something on my face, or I might be
walking funny'. Sometimes as well, on the walking funny
point, when I'm walking down to my lecture or something like
that, and I over take someone, I must think like 'ohhhhh, the
person is judging me right now, they are looking at how I
walk, or what I'm wearing'. I am very self-conscious about
things like that.

P9: Yeah, like last year in halls with my flat mates and
stuff, I was always really paranoid about what they thought
of me. Because I'm from *country name*, so I'm not even from
the UK. So, I was already like a foreigner. Completely
different culture, completely different way of socialising
with people. So I was like 'I don't know how I fit in here',
'I don't know if they actually like me' and stuff, so I was a
bit, always on edge as well because of that.

P9: Yes okay, so I kind of feel singled out, like everyone is
watching me. All eyes are on me. And I've always been a very
self-conscious and anxious person anyway. I do suffer from
anxiety, so I do have anxiety anyway. So, when I'm singled
out, put on the spot, I don't like the unknown. So, what
people are thinking about me, what people are looking at me
for? Little things like that. So, all those little things
like make me feel really nervous and really anxious. They get
me going, kind of thing, I feel intimidated almost.

P10: I don't like talking about it. I don't know why. It
still makes me like, I'm fine talking like this, but with him
I feel really embarrassed like 'oh'. Even though there is
nothing, I still feel almost guilty like there is something,
even though there's not?

P10: Ok. Well I really don't like being the centre of
attention at all. So that really, that makes me
uncomfortable. And, I mean, I have loads of reoccurring
thoughts and memories but this is just one of many, this is
one that I could think of. But, yeah, it's just I don't like
it when I feel like everyone is looking at me, and I don't
like it when I feel like I've said something sort of
embarrassing people remember that? I always feel like 'oh
god, are they judging me' 'are they talking about it behind

my back?' so. I'm quite insecure. I think that kind of thing,
I don't like the idea of people kind of watching and making
comments.


I: And you said that it was predetermined and planned which
would explain the suspicion, and quite heightened. Would you
say that your suspicion affects you now?

P11: [Pauses] To an extent. I try to sort of supress it. So,
I always go 'what are you asking me that question for?' Or
'why are they thinking that?' and its altered my personality
slightly to be more suspicious.

I: Yeah?

P11: And more judgemental as well. I'm more judgmental of
them. Of what other people might be thinking. Um, and I've
now made a conscious effort to um try and do the best that I
can do so nobody can accuse me of something so I always like
cover my back and that sort of thing.


P11: I liked to be liked. I don't want to be someone who
people dislike. Um, and so to know that people have that
level of um, angry and distrust and all that of me or that
I've caused them to feel like that, that really upsets me.

P11: It's like a rage sensation coming over my face, but
yeah.


P11: Probably, um [pauses] probably the light coming through
probably making me [pauses] I can't really explain it. Sort
of more like an um [pauses] feels more like a spot light
rather than actual sunshine coming through the window.

I: Yeah. Why do you think the light-

P11: Because I was under the spot light in the metaphorical
senses. So, makes me feel like I was being watched and
everything that I was doing was being looked at.


P11: Yeah. I [pauses] more animosity and more um, true hatred
I could feel that people were feeling for me. And the feeling
of not being wanted, not being valued, not being, um,
appreciated.

## 3.2 Being observed

8 participants, 38 codes

P1: I mean, I think that in the situation I actually thought that people wanted me, were focusing on me, to help but in reality they probably weren't.

P1: I'd say it's pretty accurate. Apart from I think that I kind of blame myself a bit too much in the situation, because it wasn't just me who made her cry. I know that's what I said but it was, I feel like, I think I make it seem like the intention was on me when it wasn't… it was on her. So yeah, I think that it's distorted a bit in that sense.

P5: Or I'll think about social experiences like standing in front of a crowd, like I hate, if I have a presentation due there will always be presentation in my mind just imagine everyone in front of me, that comes to my mind quite a lot, but then I am really susceptible to nightmares, so I get them all the time and they are usually about the exact same thing, so basically the same as that, the main thing is just being in front of people.

P5: So I will get anxious normally, in every kind of social situation, but it is just in that situation I will just always get a pins and needles effect in my hands and you just like feel really clammy and claustrophobic, and then like your heart rate will increase, and it is not a panic attack and it is not an anxiety attack, but it's just a 'I don't want to be here, please remove me from the situation', kind of moment and I just get really hot, but then when I am actually up and performing it kind of dies away, [slows speech] but I will still be shaking and I think the shaking is the worst bit about it because that is what starts I think because you are shaking it makes you more nervous [quickens speech] and more anxious and you get clammy hands and you are like 'oh god can people tell that I am shaking?' and of course you overthink everything and I think it all comes from just over thinking it, I think.

I: So it is the idea that people are kind of watching you did you say?

P5: Yeah, kind of, watching kind of judging it, I think that is the worst bit.

P5: Um so there is one which is about my friend that passed away, that happens quite a lot, so I will remember that, or I'll remember the day initially, or I'll think about social experiences like standing in front of a crowd, like I hate,

if I have a presentation due there will always be presentation in my mind just imagine everyone in front of me, that comes to my mind quite a lot, but then I am really susceptible to nightmares, so I get them all the time and they are usually about the exact same thing, so basically the same as that, the main thing is just being in front of people.

P5: Um, yeah definitely, before I started having it, I was fine with like presenting and stuff, but now I have it, it is like, as much as I know it won't happen, I am just like I could mess up, it could be a thing, and that just makes me anxious, so I will always opt out now, so if it is like group work and we're like presenting in a group, I don't know I will like click the slides through on a computer so I am not in direct view point of other people then I will like, oh I will do all the background work, to make up for the fact that I'm not standing up and presenting, but I will be the one who is like sat down in the corner so out of like, view point, because I don't mind that people know that it is my work, but it is just the act of standing up in front of people I will be like 'nah I am not down for that'

P6: Erm, I suppose they're the one that's providing the laughs, and, as, I don't know, I always find not, a- just, in general I suppose, that erm, I don't know, just, the- they're the ones that get the most attention I suppose, it's not that I want the attention, I, that's exactly what I don't want, but, you know you, you wanna be as confident as them, and 'cause they, they don't care at all what people are gonna think, and obviously I do, a lot, so.

P7: I am suspicious of what other people are doing, whether they are making subtle judgements or not, and if the person sort of keeps looking at you like that in the corner, you would get a little bit suspicious of what they are actually thinking about you, or a little bit paranoid is a better word, but suspicion comes into that as well.

P7: I can imagine sort of other people looking at me, making subtle judgements of how I come across in first impressions, meeting new people.

P8: As soon as I start, like panicking, the first thought is what are other people going to think, like that is the first thought that comes to my head and then as soon as that happens, I think 'right I have to stop this' and it makes it worse to be fair [laughs] because then you are like trying to control your hands, and that makes it worse, but yeah it is like straight away, rather than I don't wait until people are looking at me, if you know what I mean like as soon as I notice myself doing it I think, someone is going to turn around and see you in a minute, kind of thing.

P8: Can just picture them looking at me, and if I have loads of people looking at me, I don't really like people looking directly at me, in those sort of situations, if you know what I mean? Like that makes me feel distressed, because I know that everyone is noticing what I am doing…

P8: I can picture their eyes looking at me and stuff like that.

P8: I did have a really bad presentation in primary school, and I think we had to chose our own topics and I choose something really boring and I think everyone chose like pets or something and I chose like Victorians [laughs] and I just remember everyone being really like bored, and like disinterested, that is probably when I started noticing when people like, um [trips over words] people noticing my behaviour as well, but I've seen, um like a psychologist about OCD, I really do notice people noticing my ritualistic behaviour, and like I worry that they will see that [laughs] so it is probably that as well.

P8: I think it is myself, like always being aware of my behaviour, so that is what makes me like think of this image all the time, because I am consciously thinking of how my behaviour will be viewed by others, but it is not really to do with them if you know what I mean… like I don't ever think that I feel anxious because of them, I feel anxious because of my own behaviours.

P8: Oh other people? Yeah, I think they might notice like my hands trembling and like, in my head I am just focusing on not trembling my hands and I usually picture them like making fun of me, and stuff like that, telling other people about it and stuff.

P8: So I can hear them saying 'are you feeling ok?', and just like they might say things like, 'oh I noticed', or 'I noticed your hand shaking', and I can picture them like looking at my hands, or stuff like that, just like looking at my actions or behaviours.


I: Thank you so, you are quite worried about other people seeing your behaviours and watching people seeing them?

P8: Because I don't think they understand why, like most people don't really know too much about it, so they don't understand why I have to do things a certain way, so I think if they don't understand they will make fun out of it, rather than just ignoring it, they will probably take the mick [laughs].

P8: Usually when I am thinking about it, I do become distressed, just thinking about it, it is usually my heart rate, the most and I would say it is my speech as well, because when I am thinking about it and I start to talk to someone I find it really hard to get my words out and they don't know what is going on in my head, b- [stutters on words] yeah [laughs nervously].

P8: Usually when I'm in a social situation, I always have these like thoughts, where people are noticing my behaviour, so like in my head I am thinking, just act normally, like be calm and I always think they're gonna pick up on certain things I do and like point it out in front of everyone, and that worries me, because everyone starts noticing then [laughs nervously].

P8: Well as soon as the person asks me am I ok, everyone else starts to worry, and then they start to turn, I say I am fine, but that is not very believable [laughs nervously]. So it is the idea that it is the people asking you the questions and then everyone else notices, and starts to get involved [laughs nervously].

P8: Yeah I felt it just thinking about it then, erm my heart rate increases, like really quickly, and then my speech, like there is problems and I stutter sometimes, you can hear the panic like in my voice [voice quivers] and that is why if someone asks me if I am ok, it is quite hard for me to say I am fine with it sounding believable… Because my voice usually like stutters or-

P9: Another thing, I always keep my phone away before I walk into the lecture theatre. I walk in, straight to my seat, because I have a seat that I will sit on as well so I go straight to that seat and sit down, bring out my book, fold my coat up, and that's it. So yeah, I avoid doing anything that I wouldn't normally do. And that's like throughout the whole lecture. You know those people who bring out their phone throughout the lecture and stuff, I always go to do it and I'm like 'nope, don't do it, people are going to watch you from behind', things like that. So [laughs].


I: How embarrassed? [Shows embarrassment VAS]

P9: Oh, this one's like [laughs]. Yeah, this one is quite high up a lot [places mark on embarrassment VAS]

I: Oh okay, so, could you explain a bit more about the embarrassment?

P9: It's just because I feel alone and like I stand out. I feel like everyone's watching me. I do sometimes blush, I do feel myself go red sometimes. The heat [gestures to cheeks].

So I do feel like embarrassed in that situation. That I'm singled out kind of thing. Even though I'm not necessarily being singled out [laughs].


P9: Just that I'm kind of singled out, because I'm walking by myself and the whole thing of like myself and them. All of them and just me. So, it's kind of intimidating, it's kind of scary. Like having them looking at you and maybe laughing, kind of thing.

P9: Probably would be about why do people think like that, what are people thinking about. Like, yeah, I always kind of think about what they could be thinking or why they are looking at me. Or like why they are turning their heads at me, little things like that.

P9: Um, senses. A lot of auditory. So, like people laughing, people talking. Um, it's mostly voices, like people shouting 'ooooh!' Um. Some visual, in the sense that I'm watching the people around me and what they do, like whilst I'm going to sit down, stuff like that. Also, I feel like they are watching me.

P9: Yeah, just feeling kind of watched and on edge. It's the unknown. The unknown gets me all, worked up.


P9: Yeah, my big lecture theatre. So, walking down a long isle for example, I often feel like people are watching me.

I: Okay, so where is the focus within the image?

P9: I feel like they are focusing on me, when even though, necessarily, they're maybe not. I feel watched, kind of thing. [Laughs]


P9: Yes okay, so I kind of feel singled out, like everyone is watching me. All eyes are on me. And I've always been a very self-conscious and anxious person anyway. I do suffer from anxiety, so I do have anxiety anyway. So, when I'm singled out, put on the spot, I don't like the unknown. So, what people are thinking about me, what people are looking at me for? Little things like that. So, all those little things like make me feel really nervous and really anxious. They get me going, kind of thing, I feel intimidated almost.

P10: I remember like, when I was with this guy, we went out with all my friends and he was being really embarrassing in front of all my friends. And like, again, I can remember all my friends were taking the mic and I felt like the centre of attention and horrible.

P10: I'm trying to think. I remember like falling over in the middle of Exeter in front of everyone, that was a nice one. I still remember that, and it's nice, no one noticed. No one noticed, but in my head, everyone noticed.

I: Ok, and so that kind of made you feel-

P10: Really uncomfortable

I: Embarrassed when he sort of displayed too much affection?

P10: Yeah.

I: And I think you said he would still do it when it wasn't really needed?

P10: Yeah! And it didn't feel appropriate for me. Which sounds awful because some people don't care but for me. I still remember feeling embarrassed and I still remember when he went to do it in front of my dad, and my parents don't care. It wasn't anything outrageous, I mean, they wouldn't have cared anyway. I still remember, I was only about 15 and just that horrible feeling of embarrassment when he did it in front of them and it's just like [makes defensive hand gesture].

P10: Ok. Well I really don't like being the centre of attention at all. So that really, that makes me uncomfortable. And, I mean, I have loads of reoccurring thoughts and memories but this is just one of many, this is one that I could think of. But, yeah, it's just I don't like it when I feel like everyone is looking at me, and I don't like it when I feel like I've said something sort of embarrassing people remember that? I always feel like 'oh god, are they judging me' 'are they talking about it behind my back?' so. I'm quite insecure. I think that kind of thing, I don't like the idea of people kind of watching and making comments.

P10: So, that kind of, I can still remember standing in the middle of the restaurant and it's all going wrong and it's still got that horrible feeling.

P11: Because I said about like predetermination and also um, I can't remember what word I used now. Um. Conspiracy type thing. So it is quite… I do find it very suspicious of the whole situations. The whole lead up, the whole time I was at the university, um, the whole situation, all my conversations that I've ever had with anybody at the university because things have fed in that normally wouldn't have expect to feed in, into the arguments that they've raised and you are just thinking 'well'. It makes you feel like there is somebody

always watching you. So it was a very suspicious image and how people defended themselves and statements that were different. Do you see?

P11: Probably, um [pauses] probably the light coming through probably making me [pauses] I can't really explain it. Sort of more like an um [pauses] feels more like a spot light rather than actual sunshine coming through the window.

I: Yeah. Why do you think the light-

P11: Because I was under the spot light in the metaphorical senses. So, makes me feel like I was being watched and everything that I was doing was being looked at.

P11: Yeah it was a really bright day. And there were massive windows in this building so like the light was streaming in. And the occasional cloud would pass over but it was really bright and that's one of the things I particularly remember about this particular panel, it was quite intense. The light, it was quite warm as well.

I: How did that make you feel?

P11: It made me feel as if I was under a spot light, if that makes sense.

I: I can see how that works.

P11: Like you are sat on a stage and someone's shining a light on you and you are getting really hot and flustered, yeah.

## 3.3 Ideas of reference

### 6 participants, 13 codes

I: That suggests it makes you a little bit angry, but not a lot. So what's putting it at that point?

P4: Because it makes me think not just about her but then about other people that, as I mentioned earlier, were like… I don't want to say it. How do you formally say "slagging someone off"?

I: That's alright, you don't have to worry about being formal for this.

P4: [Laughs] It doesn't show a very good vocabulary though does it! But yeah, saying that to me and then afterwards I'd

find out they'd talk to her as well. So it's not just her, it's the people in the situation and it all adds up that way.


P6: Erm, I feel like they're, laughing, at me, they're aware that I'm not feeling great I suppose, and that's embarrassing.

P7: I don't know what people are thinking about me, and it would be wrong to say they are saying bad things behind my back because that is either not true, or it's true, but I don't know that as I don't have any evidence for it… but I will always be sort of a little bit paranoid about what they could sort of potentially say-

P7: It is mainly on the others I think, there is a bit of myself involved in terms of how paranoid I get, in terms of what other people are doing behind my back that is what you sort of worry about… How you come across as a person, also first impressions as well, I get really nervous when I am meeting people for the first time… I don't show it always but I do get quite nervous like I am worried that I will say some weird stuff, that might make the person think I am sort of a weird guy really, which I don't want, I just want them to think I am just a normal person.

P7: Yes I can, ummm in the past, especially in secondary school I can think of an image where I am just walking out a classroom maybe and as soon as I turn back round and shut the door and everything, they're out the room, sort of bad things or conspiracy theories are being spread about me and that is the sort of image, I sort of have at the moment.

P8: That makes me, I don't ever see them laughing towards me, I see them doing it behind my back… like maybe if someone asks if I am ok in the lecture, and then they turn to like someone else, and then they do it behind my back, kind of like in a nasty way, but it makes me, struggle to form good friendships, and relationships with other people, because I always worry how they will perceive me?

P8: Yeah I can see my friends and picture them in a lecture or whatever just like whispering to the next person, and I can just see them like smirking, or like making fun or something.


I: Okay, thank you. Um, yeah, like you said, it hasn't happened to you?

P9: Yeah. It's just a worry or if I hear people laughing it just triggers that off. But it doesn't necessarily mean that it's happening.

P9: This is useful because I don't actually know why I kind of react like that. But, I've always done it. Like I remember back in middle school as well. If someone would laugh a little bit too loudly, I'd be like 'oh, they must be laughing at me' or 'I must have something on my face' or little things like that. [Pauses] It might stem from childhood or something that's happened from when I was younger, I don't know.

P9: Um, so for example, maybe I'm walking like into a room, like full of people, like my lecture theatre for example. And they're not necessarily laughing at me, but maybe someone starts laughing. I always have that little self-conscious point in the back of my head saying 'oh, they are laughing at me' 'oh, I might have something on my face, or I might be walking funny'. Sometimes as well, on the walking funny point, when I'm walking down to my lecture or something like that, and I over take someone, I must think like 'ohhhhh, the person is judging me right now, they are looking at how I walk, or what I'm wearing'. I am very self-conscious about things like that.

P9: Yeah, okay, so, it's about the lecture theatre. I push open the Roland Levinsky lecture theatre door. Obviously it was silent before, so now you open the door, there's the murmuring voices. Everyone's talking, whatever, erm, I'm walking round the left side to go down the aisle, people start laughing, you know. Makes me feel a bit anxious, I feel watched. Erm, I feel very self-conscious. Erm, I keep walking, then turn into my row, erm, I go sit down, like recover for a little bit kind of thing [laughs]. I still feel a little bit nervous, a bit on edge, like feel like people are watching me even though maybe they're not necessarily watching me. Erm, and yeah eventually just get through it and I just start changing my perspective so like I say, 'maybe they weren't necessarily laughing at me, someone just said something funny', like that's what has happened to me personally, I've laughed when someone walked through and it's not necessarily like at them you are just laughing at the conversation and they just happen to be passing at the same time and stuff like that.

P10: Ok. Well I really don't like being the centre of attention at all. So that really, that makes me uncomfortable. And, I mean, I have loads of reoccurring thoughts and memories but this is just one of many, this is one that I could think of. But, yeah, it's just I don't like it when I feel like everyone is looking at me, and I don't like it when I feel like I've said something sort of embarrassing people remember that? I always feel like 'oh god, are they judging me' 'are they talking about it behind my back?' so. I'm quite insecure. I think that kind of thing,

I don't like the idea of people kind of watching and making comments.

P10: Yeah well if I-, just general, just going to school, like 'ugh, I have to deal with everyone laughing about and asking' and that kind of thing and bumping into him.

## 3.4 Others knowing things about self

2 participants, 2 codes

P6: Erm, I feel like they're, laughing, at me, they're aware that I'm not feeling great I suppose, and that's embarrassing.

I: So what I take from that is that it is the idea that people are noticing how you are feeling, is that right?

P8: Yeah I would rather not everyone know and make a big scene out of it.

## 3.5 Preventing negative evaluation

6 participants, 22 codes

I: Ok. Ok great and then a little bit further down the line and you've had a day or a couple of days with those images popping into your head is there anything you'll avoid doing, will having that image preoccupy your mind and make you not want to do anything?

P3: Yes. I don't go out and do social things if I have erm plans set to meet friends and things I'll cancel them.

I: Ok so it will make you not only not want to do it but you'll actually follow through with that?

P3: Yes.

I: How often would say that it sort of gets to that point where it's making you feel like that?

P3: Erm several times a month maybe.

P5: Um, yeah definitely, before I started having it, I was fine with like presenting and stuff, but now I have it, it is like, as much as I know it won't happen, I am just like I could mess up, it could be a thing, and that just makes me anxious, so I will always opt out now, so if it is like group

work and we're like presenting in a group, I don't know I will like click the slides through on a computer so I am not in direct view point of other people then I will like, oh I will do all the background work, to make up for the fact that I'm not standing up and presenting, but I will be the one who is like sat down in the corner so out of like, view point, because I don't mind that people know that it is my work, but it is just the act of standing up in front of people I will be like 'nah I am not down for that'

P6: Err, it's generally just a group of people, it doesn't matter where we are, sometimes it's in the kitchen of the flat, sometimes it's in my games room at home, sometimes it's in a nightclub from, where I'm from, there's just like a group of us, there's people that I know that I'm good friends with and then there's other people that they might be good friends with, that I don't know so well. And, I feel like I do it to myself to be honest, like I definitely withdraw, from the conversation, and I don't enjoy it as much, but, I'm, I'd, kind of, they're all laughing and joking, and joking about stuff that I don't necessarily understand, maybe it's an inside joke with them, and I just, feel left out [pause] and don't feel part of it.

P6: Yeah, I tend to avoid them if I can, but then obviously if all of your flat are going out, you don't wanna be the only one that isn't and, we do have a girl like that in our flat and, we, are not friends with her I suppose. So, I don't wanna be that person, so. Honestly if I can avoid I will but if I can't then, you just go with it.

P7: I try to keep them subtle I even put my hands behind my back or something like that [places arms behind back] or, put them down there like that [places arms by side out of interviewer's view].

P7: Yes that is when I would sort of perform that action or attending a meeting of people I don't know, so whether is it going for an interview for a job or anything like that, or sometimes I leave my hands under the table and sort of distract myself.

P8: As soon as I start, like panicking, the first thought is what are other people going to think, like that is the first thought that comes to my head and then as soon as that happens, I think 'right I have to stop this' and it makes it worse to be fair [laughs] because then you are like trying to control your hands, and that makes it worse, but yeah it is like straight away, rather than I don't wait until people are looking at me, if you know what I mean like as soon as I notice myself doing it I think, someone is going to turn around and see you in a minute, kind of thing.

P8: I have had times where I have missed lectures because I have felt anxious and I don't want to be around so many

people, but I try not to let it affect me to the point where it affects my studies or anything, but it affects it sometimes, it can just put me in a down mood, then I don't wanna do anything.

P8: It makes me more self-aware of my behaviour, it makes me control my behaviour more, and I notice my behaviour a lot and I am always thinking about it, and how I am coming across to other people.

P8: Usually I start holding my hands, like I fidget, or like that is why I usually have like a hair band on my wrist I just usually like fidget…

P8: Usually when I'm in a social situation, I always have these like thoughts, where people are noticing my behaviour, so like in my head I am thinking, just act normally, like be calm and I always think they're gonna pick up on certain things I do and like point it out in front of everyone, and that worries me, because everyone starts noticing then [laughs nervously].

P8: Yeah possibly, I tend not to speak in lectures, in case something like that happens, I tend to be quite cheerful, and upbeat, so that they don't think that something is suddenly wrong… like I alter my behaviour, so that they don't pick up on anything…

P9: Another thing, I always keep my phone away before I walk into the lecture theatre. I walk in, straight to my seat, because I have a seat that I will sit on as well so I go straight to that seat and sit down, bring out my book, fold my coat up, and that's it. So yeah, I avoid doing anything that I wouldn't normally do. And that's like throughout the whole lecture. You know those people who bring out their phone throughout the lecture and stuff, I always go to do it and I'm like 'nope, don't do it, people are going to watch you from behind', things like that. So.

P9: I now live alone because of a situation that happened last year, I'm still in touch with most of them and I still hang out with them but I do live alone, it's a lot more chilled out [laughs].

P9: I think maybe from my past school, it was an all-girls school so you can already imagine how that must be [laughs], but um, yeah there were always this group of girls who were like kind of like the popular people or whatever, so they always would do anything and everything to bring people down. So they would just pick on people, and it didn't necessarily happen to me, like, I was just sat in front. I was always the one who kept to myself, quiet, like I'd rather not stand out kind of thing. But I would hear them like make fun of someone's hair or make fun of the way someone walked, and I think because I heard those things, I always imagined people

would do the same to me. I just, I wouldn't necessarily hear about it, which is sometimes better [laughs].


I: Mmmm, okay. So you don't avoid going to the lectures like you said-

P9: I don't avoid going, I just avoid standing out. I try and blend in as much as possible.


P9: Sometimes, it depends. Like lectures for example, I don't let myself avoid lectures as it will affect me and my performance at my degree. So, my degree matters more than what people think of me in that sense. But if it happens, like, I don't know, socially or on a night out, like in halls last year, if it happened there, and it did kind of thing, um, I do kind of close myself off or tend to avoid people. Like, it was a whole different situation, but I did last year like close myself off, stayed in my room, avoid people, like, cook meals at awkward times and don't run into anybody. Things like that, to avoid the situation kind of things.


I: That's really good. So, does it make you more or less likely to do specific behaviours?

P9: Like emotionally? Or?

I: Like physically or emotionally. As a random example, you said you worry that you are walking funny. So as a random example, do you change the way you walk because of that?

P9: Oh okay. I do my best to fit in actually, I don't do anything that would make me stand out. So I don't have, like, I don't know, my phone in my hand like flashing it about.


P9: Um, so, anxiousness. I feel a lot on edge [laughs]. Very, as well, like, I'm very self-conscious. Um, I almost feel very small kind of thing. I want to shrivel away and hide [laughs] kind of thing. Um, what else…

P9: Um, well, not cause, um, I don't know. Kind of, play like the good person. So, don't do anything you wouldn't want anyone else to do to you kind of thing. But then, at the same time I always think like, they don't always do the same thing for me. So, it's a bit like, why?

I: Yeah, that makes sense! So does that tend to happen in your image when you are walking into the lecture hall? You feeling small and them being big?

P9: Normally yeah. Like, yeah. If there's a large crowd of them. That's why I aim as well to get there really early as well [laughs]. I get there early and sit down and once I'm there, it's fine.

P9: Yes exactly, a good student. I have my book in front of me, like I pick up my pen and put it down now and then. Write notes, if I feel conscious, I just write anything down. Little things like that really.

## Theme 4: Negative self-concept

### 4.1 Social inadequacy

## 6 participants, 32 codes

P1: Being in groups, I'm very bad at being in groups, I mean talking one on one like this is quite easy for me because I guess I'm good at it, I don't know. But in groups I'm not very good at it at all.

P1: I don't really pride myself on it, but I like to think that I'm the kind of person who would help someone but I don't really know how. So I guess I'm ashamed that I didn't know how, or that I just didn't try.

P1: I guess when I'm talking to people I have a worry that I'm doing it wrong.

P1: I recently got diagnosed with autism, so a lot of social situations are very awkward and I don't really know what I'm doing.

P1: I think it's that I'm kind of embarrassed… kind of like second hand embarrassment almost for her. But not really. Kind of embarrassed that I don't know what to do, and no one else did either, so we were all kind of just sat there like… [mimics awkward pause]. So yeah, I think it's just that we didn't know what to do.

P1: Just, I guess, not knowing how to help. And the whole situation was just such an uncomfortable situation and that just makes me anxious in general I guess, yeah.

I: Ok, so what does that make you believe about yourself, just that you're not…

P1: Functional?

I: Ok

P1: Yeah basically.


P1: Probably that I just feel like I didn't know what to do, and I feel like if I was in her position I would want them to help or make me feel better. But none of us really did that, especially not me [laughs], so I guess I was ashamed that I didn't know what to do so didn't do anything to make her feel better.


I: So when you say "their reaction" do you mean something they've said? Or their facial expressions?

P1: Or when they don't do what I expect them to do.

I: What do you mean by that?

P1: [Laughs] I mean, if I say something, I don't mean I want them to do something… I plan things out in my head before I do them and so if it doesn't go to plan I'm just like "wow, ok, that was terrible". When really it probably wasn't that terrible at all… but yeah.


P1: Um, well just the fact that I didn't really know how to deal with the situation or react in an appropriate way… it makes me think like… it makes me worry that I won't be able to do that later on… yeah.

P1: We had like a weird kind of argument thing… well we didn't have an argument but one of his friends was crying and I didn't know what to do and yeah it was like "oh shit".

P1: Well a main one, a general one, is that I feel like I'm bad at socialising and stuff. And that it's going to hold me back from things I want to do… which is quite bad.

P1: When I saw the reaction that I got from it wasn't really what I was planning on. And so it reminds me that sometimes when I socialise I do it wrong and then I'm like "oh, damn [laughs nervously] I'm not good at this".

P5: Just the whole thing, it is not performing in front of other people, it is not doing what I want to do, like when you perform you want to be the best you can be, you don't want to be anxious, nervous, you want to ace it, but then

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just not being able to do that, you feel very restricted, and I hate feeling restricted, in a way, so yeah.

P5: So standing in front of people and getting something wrong, and then losing my train of thought and not then not knowing what I was talking about, and having to go back, and then it being a marked presentation or something and just being graded, then I'll like freak out and I'll be like 'oh god' I have disappointed them or I won't be getting what I want, or like it just can't, it freaks me out, I hate it, I hate the idea of it. So yeah it is usually if I like mess up and then because I mess up, or forget something, the rest of it I can't remember. So it is like one thing coming into a much bigger thing. Like if I just messed up and picked it up again that would be fine, but just getting flustered, being too nervous, and then forgetting everything else [laughs nervously].

P7: How you come across as a person, also first impressions as well, I get really nervous when I am meeting people for the first time… I don't show it always but I do get quite nervous like I am worried that I will say some weird stuff, that might make the person think I am sort of a weird guy really, which I don't want, I just want them to think I am just a normal person.

P7: Mmm its only very subtle, episodes of depression, where you might just feel low, and where you are quite reflective and where so of the images of where you have screwed up in social situations may reoccur and that might make you feel really down about yourself so, yeah, it happens rarely but, it can occur yeah.

P7: Other people sort of making subtle judgements about you, and the paranoia which makes you sort of slightly anxious, about what other people are thinking about you, in terms of what you are saying, and making subtle judgements about how socially able you are.

P7: That is when anxiety levels sort of go quite high because there are a load of people you sort of don't know and have never met so you want to make a good impression and I can imagine myself not knowing who to talk to apart from my friends and who do I approach, who do I approach? Who do I sort of meet sometimes, and sometimes trip over words, that does happen [breathes deeply].

P7: Um, in sort of secondary school, being sort of having sort of Asperger's Syndrome, it's not that easy sort of socialising with people um and I had to sort of do a lot of work, in terms of being able to be sort of socially expected, socially what is the word, adequate yes [laughs nervously] so sometimes in secondary school people did notice how I was as a person, with having Asperger's Syndrome which kind of came off as weird or strange etc. which for me really put down my

self-esteem in everything and that sort of, and memories of people who sort of judged me for who I was back then, sort of applies today even though I have sort of developed in a type of way.

P7: Um, It makes me feel uh, at the time it makes me feel, I will repeat it again, slightly anxious and maybe a little bit lower at the time, thinking why you are experiencing, why you are so nervous, that's what I am asking myself, but sometimes it is hard to sort of control in terms of when you yeah, basically it is sometimes quite hard to control when it [pauses to think] [places head in hands] I can't explain it…

P7: Well I feel that the other people are sort of slightly, I wouldn't say superior but just um, [exhales deeply] I can't explain it but they are just, I just feel as though they might be in some shape or form, sort of a little bit better than me in terms of being socially able, or something like that.

P7: Well it is just that um, probably just due to past experience really, due to the fact that I was not as socially able in the past, can sort of kind of relate to the image and how I feel about people, sort of being sort of a little bit sort of better, more socially able than I am.

P8: As soon as I start, like panicking, the first thought is what are other people going to think, like that is the first thought that comes to my head and then as soon as that happens, I think 'right I have to stop this' and it makes it worse to be fair [laughs] because then you are like trying to control your hands, and that makes it worse, but yeah it is like straight away, rather than I don't wait until people are looking at me, if you know what I mean like as soon as I notice myself doing it I think, someone is going to turn around and see you in a minute, kind of thing.

P8: I am like very stressed, like very stressed, I am usually quite upset, but upset with myself because I can't control it, because I am not usually angry or anything but I am usually just stressed and anxious.

P8: I feel like, upset because, I just wish that, it is hard to explain, I wish that I don't act the way I do, so I am like upset with myself, for the way that I act, and I always that, I wish that I didn't act in this way, I could just be like everyone else.

P8: Yeah I felt it just thinking about it then, erm my heart rate increases, like really quickly, and then my speech, like there is problems and I stutter sometimes, you can hear the panic like in my voice [voice quivers] and that is why if someone asks me if I am ok, it is quite hard for me to say I am fine with it sounding believable… Because my voice usually like stutters or-

P8: Yes it is more myself, like I try to control it myself, like I try and control it myself rather than like about what other people think, I just try and control my own behaviour.

P9: I always have that little self-conscious point in the back of my head saying 'oh, they are laughing at me' 'oh, I might have something on my face, or I might be walking funny'. Sometimes as well, on the walking funny point, when I'm walking down to my lecture or something like that, and I over take someone, I must think like 'ohhhhh, the person is judging me right now, they are looking at how I walk, or what I'm wearing'. I am very self-conscious about things like that.

P10: Oh yeah, so I can think of things from, something stupid from when I was 15, um, I'm trying to think of like an example of it. So, um, I'll think of something I've said to someone and they've misunderstood and I've upset them and I can think about that, and I'll relive it and I'll still feel embarrassed. And it can be something from years ago, from someone who doesn't even remember it?

P10: Ok. Well I really don't like being the centre of attention at all. So that really, that makes me uncomfortable. And, I mean, I have loads of reoccurring thoughts and memories but this is just one of many, this is one that I could think of. But, yeah, it's just I don't like it when I feel like everyone is looking at me, and I don't like it when I feel like I've said something sort of embarrassing people remember that? I always feel like 'oh god, are they judging me' 'are they talking about it behind my back?' so. I'm quite insecure. I think that kind of thing, I don't like the idea of people kind of watching and making comments.

P10: So, that kind of, I can still remember standing in the middle of the restaurant and it's all going wrong and it's still got that horrible feeling.

## 4.2 Unfavourable comparison

### 6 participants, 16 codes

P1: And I was talking to my friend who's moving in with me and then I noticed the guy was behind me, and instead of just doing a normal thing like being like "hi, I didn't see you there" I just screamed like "HEY" [laughs], for no reason.

P5: I can always get over it, I can always be like no, get a grip and I will just force myself to do it, I mean literally unless I am like worst anxiety possible on a day, like I can't get out of bed, I can't stand up in front of a group of people if I can't go into the kitchen to make a cup of tea,

there are major differences there, but in general I will be like, ok come on, you can do this, just get it over and done with. So I will just be like the first person to present so I am not comparing or trying to do my presentation based on other people.

P5: I don't think, because I used to love performing in front of people, because I did drama GCSE and I was deputy head girl, so I had to stand up and do talks and I don't have one particular memory of standing up in front of people and it going badly, so I have no idea of where it has come from.

P5: Well because it is always like the feeling like when I am performing that I could be doing better, because I'll sort of compare that image, to sort of previous experiences of when things have gone really well, thinking of when things are going better and just not fulfilling that possibility at all, like that is where the disappointment comes from.

P6: Erm, I don't know, from a psychology point of view I suppose I see myself as less than them?

P6: Erm, I suppose they're the one that's providing the laughs, and, as, I don't know, I always find not, a- just, in general I suppose, that erm, I don't know, just, the- they're the ones that get the most attention I suppose, it's not that I want the attention, I, that's exactly what I don't want, but, you know you, you wanna be as confident as them, and 'cause they, they don't care at all what people are gonna think, and obviously I do, a lot, so.

I: Mmmhmm. So could you describe the image specifically for me that you experience?

P6: Errr, it's normally just me in a big group of people, and, I tend to be quite, a lot shorter than the others.

I: So for example, the fact that you are shorter in the image than the other people, what does this mean to you?

P6: Erm, I suppose I see myself as less than them, I suppose. There's less to me than there is to them. They've got more going for them I suppose.

I: So you feel like, the people in your image, erm, care less about what people think than you?

P6: They definitely come across like that, whether they do or not is another thing but they definitely come across like that.

P7: I don't show it always but I do get quite nervous like I am worried that I will say some weird stuff, that might make the person think I am sort of a weird guy really, which I don't want, I just want them to think I am just a normal person.

P7: Well I feel that the other people are sort of slightly, I wouldn't say superior but just um, [exhales deeply] I can't explain it but they are just, I just feel as though they might be in some shape or form, sort of a little bit better than me in terms of being socially able, or something like that.

P7: Well it is just that um, probably just due to past experience really, due to the fact that I was not as socially able in the past, can sort of kind of relate to the image and how I feel about people, sort of being sort of a little bit sort of better, more socially able than I am.

P7: Well it is just that um, probably just due to past experience really, due to the fact that I was not as socially able in the past, can sort of kind of relate to the image and how I feel about people, sort of being sort of a little bit sort of better, more socially able than I am.

P8: Because it is quite normal to worry, about how you're perceived but not to the extent that I am.

P8: I feel like, upset because, I just wish that, it is hard to explain, I wish that I don't act the way I do, so I am like upset with myself, for the way that I act, and I always that, I wish that I didn't act in this way, I could just be like everyone else.

P9: Um, I always view people like above me, I don't know why, it's a very silly thing. But I always view them like above me, and I always try to adopt the respect point of view. Like, 'respect them, you want them to respect you' kind of thing. So, don't do anything to, I don't know, make anyone feel bad or do anything to hurt somebody or something. So, but, sometimes I don't feel like they necessarily would do the same to me kind of thing. So, in some ways, like I do feel people are like, not out go get you, but kind of like that, you know what I mean? Like they don't have the same views as I do kind of thing.

## 4.3 Being different to others

4 participants, 6 codes

P6: Erm, I- I feel like I've gone through some things that maybe they, I would believe haven't had to, and like when I was younger, erm, my, my brother passed away when I was eleven, my older brother, which affected me massively, I, took an overdose when I was thirteen because of it. It, you know, completely destroyed me, him dying. My dad and I never really got on so I've always been fairly withdrawn. My brother passed away the week before I started my high school so I, was a complete mess during that time that I barely remember any of it to be honest. But I was a complete mess so therefore didn't really even make an effort to make friends so always felt withdrawn from that and my father and I never really saw eye to eye on things. And he, was quite intimidating when we were kids, erm. He almost broke my leg once [laughs] when, I was about six. And, in fact the week before I came to uni he threw me, down some stairs. So, from ages like tha- I think six is the earliest I remember so from the age of six to nearly nineteen, I've never had a connected with my dad 'cause I've always been, fairly intimidated by him, so I just don't like other people that much I suppose.

P6: Not specifically I suppose it kind of, I kind of al-, I dunno maybe primary school, but, never, I never felt like I fitted in in primary school, I always felt like I was a lot older than the others, even though I wasn't. And looking back now I think I probably was, I think I matured fairly quickly. [Pause] I, I started my period before everyone else, and everyone else was still playing hopscotch and I was, I dunno, not [mumbles] I do feel like I matured very quickly compared to the other girls in my year and I always felt like I kind of got on with the guys more than the girls, so was then ostracised by the girls. Like I would be on the rugby team and not the cheerleading team I wouldn't be throwing pompoms around I'd be throwing a rugby ball around and, playing round I suppose, so, I suppose it's that, sort of feeling.

P7: Umm, I would say that my beliefs about other people in terms of, thinking about the image, I would just think that they're normal people, with not a lot of, umm not a lot of issues, not a lot of social anxiety, which I can't judge because I don't have any evidence for it, um because I don't know what is reality for them but I think that they're a group of people, and I am the single person trying to fit into the group of people. Do you know what I mean?

P8: I feel like, upset because, I just wish that, it is hard to explain, I wish that I don't act the way I do, so I am like upset with myself, for the way that I act, and I always that, I wish that I didn't act in this way, I could just be like everyone else.

P9: Um, I always view people like above me, I don't know why, it's a very silly thing. But I always view them like above me, and I always try to adopt the respect point of view. Like, 'respect them, you want them to respect you' kind of thing. So, don't do anything to, I don't know, make anyone feel bad or do anything to hurt somebody or something. So, but, sometimes I don't feel like they necessarily would do the same to me kind of thing. So, in some ways, like I do feel people are like, not out go get you, but kind of like that, you know what I mean? Like they don't have the same views as I do kind of thing.

P9: Yeah, it's not so bad now like I've been here for over a year, so I know. Like once I get back in and flip the switch kind of thing, I know how to socialise with everybody kind of thing. But the first year was a bit like ugh. My sense of humour is very different to everyone else's sense of humour [laughs] things like that.

## 4.4 Managing inadequacies

4 participants, 8 codes

P1: Being in groups, I'm very bad at being in groups, I mean talking one on one like this is quite easy for me because I guess I'm good at it, I don't know. But in groups I'm not very good at it at all. And because I just avoid it I don't practice it I'm at the stage where if someone else just came in now I wouldn't be able to communicate because I just don't know how. So it makes me avoid doing that even more, and avoiding them, the people in the image, which is a problem in my relationship.

P1: I mean like when I'm in a situation and I'm not looking at people's faces I'm like "no, look at their face", so I do that in the present.

I: So do you think it makes you just want to avoid doing that stuff? Or do you think it actively translates into that you will actually not go to see these people?

P1: Oh yeah, I just avoid them completely and will be like "I'm not seeing them".

I: So when you say "their reaction" do you mean something they've said? Or their facial expressions?

P1: Or when they don't do what I expect them to do.

I: What do you mean by that?

P1: [Laughs] I mean, if I say something, I don't mean I want them to do something… I plan things out in my head before I do them and so if it doesn't go to plan I'm just like "wow, ok, that was terrible". When really it probably wasn't that terrible at all… but yeah.

P5: So do I like do certain things when I am presenting? Well I will always be like super organised, I am going to prepare like a week in advance I will have it all planned out I will learn the script and everything, but I will never do it, and then it will literally be the night before and I will do the whole thing, I won't ever practice it I will just wing it on the day, because then I will almost like have a reason, for why it would go wrong, so if they were like oh, why don't you think it went well I would be like, oh well I had a late night, didn't really prepare very well, I mean I could do better if I had tried, but I would deliberately not try because that is always a reason. So it is like, oh I am just not putting enough effort in, for you to see what I am really like [laughs nervously] which is just such a cop out, but I will never prepare it. But then I will get stressed about not preparing it and then I will just sit there and I will be like on Facebook, 'not preparing my speech right now' I will just wing it basically, so properly the opposite of what I should do, but you know [laughs nervously].

P5: Um, yeah definitely, before I started having it, I was fine with like presenting and stuff, but now I have it, it is like, as much as I know it won't happen, I am just like I could mess up, it could be a thing, and that just makes me anxious, so I will always opt out now, so if it is like group work and we're like presenting in a group, I don't know I will like click the slides through on a computer so I am not in direct view point of other people then I will like, oh I will do all the background work, to make up for the fact that I'm not standing up and presenting, but I will be the one who is like sat down in the corner so out of like, view point, because I don't mind that people know that it is my work, but it is just the act of standing up in front of people I will be like 'nah I am not down for that'.

P9: Um, well, not cause, um, I don't know. Kind of, play like the good person. So, don't do anything you wouldn't want anyone else to do to you kind of thing. But then, at the same time I always think like, they don't always do the same thing for me. So, it's a bit like, why?

P10: Oh, discussions. I hate getting into all of that with my current boyfriend. And it's not just about that situation, it's about loads. I'm not very good talking about things, I think, that revolve around me? That aspect? Like, I love asking him questions, I'm a nightmare! I'll ask loads and

loads to him, but when he starts asking me personal
questions, I get a bit like 'oh, I don't want to tell him
about this stuff, I don't want to start talking about that'.

## Other-focussed anxieties

## Theme 5: Attribution to others

### 5.1 Attributing negative events to others

5 participants, 17 codes

I: Would you say that you're feeling more that they should be
more tolerant of you, or that you shouldn't have acted like
that? Or would you say it's more 50:50?

P1: I think it's more like 80:20 that I should probably work
on it, I mean it's not up to them. I'd probably react in the
same way… but I think I'm just trying to put blame on other
people so that I don't hate myself [laughs].


P1: Yeah, just after I've done the thing, their actual
reaction that they give and then me processing the reaction
and thinking like "wow ok, that was…". I mean I know it's
kinda my fault that it happens but I don't know, I kind of
just want to blame other people [laughs].

P2: Right, she came up to me and she said "did you call my
sister a c***?", that's what she said. And I have no idea who
this girl is, I've never met her before in my life, I've
never seen her, I don't know who her sister is. So I just
said "no, no…" and basically she was after a fight and I'm
quite small, and I was still smaller as I was a lot skinnier
back then, and she just basically beat the crap out of me for
no reason whatsoever. So that, for a long time, kind of
triggered anxiety about going out. It's a lot better now than
it used to be, by miles, it's not perfect now but I can go
out on my own during the day now… but if someone said to me,
when it was dark, "walk to down to the shops on your own" I
wouldn't.

P2: The people in the image are just sort of angry people,
they're just… I think because in reality it all happened so
fast, I think in my image it's just people want to fight.
Especially the men in this image, they're just after a fight,
they're not fighting because of anything, they just want to
fight people. And I kind of feel that way about people in
general, I feel that most people are good but you'll get the

odd couple of people who are just out to be horrible and it's those that, if you bump into them, that's the problem.

P2: The whole of it makes me angry, because it makes me angry that someone would ruins somebody's night by doing that. And I just think that we were having a nice time and now it's ruined thanks to those people. So the whole kind of thing makes me angry.

P4: It's basically someone in work, who I used to work with before I moved down here. And she basically liked someone who I was seeing and it all started from there. And then it was like... she's a lot older, she's twice my age, and she was making up rumours about me in work and things like that. And then one day it escalated on a night out, and I didn't do anything I just said "I'm not doing this", but then from there it kind of… it didn't really die down. But, yeah.

P4: Well because she's giving me the dirty look that implies... when you see that from the first person and someone looks at you like that it's like you've done something wrong. So just the look in itself makes me feel like I've done something, even though I don't think I did [laughs].

P4: Yeah, just after it all happened I started to look a bit more inwardly and thought about I could have handled it differently, like maybe it was my fault. But talking to other people about it, even people that weren't involved, they all said "oh my god, no, I'd have done the same thing" or whatever. And I thought about it, and spoke about it, and rationalised it with myself and my mum who works there… and I thought "no, I tried, and I couldn't have done anything differently" so then it became more aimed at her [laughs].

P10: I'll probably go with, the dates. Because it's not just that situation, it's happened um with other people I've dated. So that's a quite common one of feeling a bit kind of, being put in quite an uncomfortable situation.

P10: Oh, really annoyed, really annoyed. And hurt. Like, cos I mean, I remember him just putting me in a horrible situation and I thought he liked me, well, I'm not sure if he did, he might have done. But well, if you did that's not very nice, either way for both of us. What if she'd found us. He was just like 'oh yeah we've broken up' and they did the breaking up and they were sorting it and things have well-well no you're not. I bumped into him and they were not broken up.

P10: Ok, so I was at the beach, so I still remember where it was and I remember it was at the volleyball nets because we always used to go and meet at the volley ball nets when we were at school. So we were all just sat there and like he was being all over me, all touchy feely when I was trying to talk

to my friends and like I said, I was only 14 or 15 so it wasn't like anything like, um, well it was just 14 or 15-year-old dating stuff. I still felt really uncomfortable, I didn't really want to be with him. Like, I only let him come and go on a date with him because my friends had told me to. So I still remember feeling uncomfortable and just, being like, ugh. Horrible. Embarrassed. Especially at that age where you find everything like that embarrassing.

P10: That was horrible. I remember that. I remember we've had arguments, well not arguments, but I've said to them before 'you know you guys'- I said 'you do realise that I never wanted to go out with him but you guys' and they go 'no no, we never thought you should!' and it's like [makes confused face] 'that was all you! you were the ones who invited him', and that kind of thing.

P10: There's loads [pause] oh, I remember, um, at a party, I was texting some guy after a party and he told me he had broken up with his girlfriend. Finally found out he hadn't broken up with his girlfriend and I'd gone on a few dates with him. That was a horrible one, because I felt bad. I felt like that had been my fault, which sometimes still stresses me out, like 'oh, was that my fault? Did I cause him to cheat? I went out on a few dates with a guy who had a girlfriend'. But, obviously, he hadn't told me and he hadn't told her so nothing. Yeah just things like that, like that one will still make me feel guilty. But it's like, well, I didn't know? You can't do stuff if you don't know?

P10: Um, probably say embarrassment [pause] that's like the main one. But I'd probably say annoyance with my friends [pause] they got me in that situation then left me.

P10: When I was younger, when we went to the beach, I hadn't had any boyfriends before. All my friends had one from when we were 12 and did Valentine's cards and had boyfriends. And I mean, they're not real boyfriends, you know. You don't really see them outside of school. And if you do it's all in the big group of friends. You know, so I remember, I hadn't even invited him. They kept on inviting him to all of the things and he assumed that we were kind of dating and we weren't really. It's almost like my friends had decided that like 'oh, well you need a boyfriend, cos you've never had a boyfriend' and well it's like, you know, no one actually asked me, I don't want one! And I'm quite ok.

P10: Yeah, I wasn't interested at all. My friends were just like 'oh you know, you should just invite him! He really likes you!' and I was like 'ok', I still remember feeling that horrible feeling of pressure and everyone watching me, I still remember all of that.

P11: Um, and… I had a series of… sort of, they are meant to be panel hearings to decide whether I'd made the errors they

accused me of or not. And then they were making errors themselves so, things carried on and on and on.


## 5.2 Attributing anxiety to others

4 participants, 6 codes

P2: The people in the image are just sort of angry people, they're just… I think because in reality it all happened so fast, I think in my image it's just people want to fight. Especially the men in this image, they're just after a fight, they're not fighting because of anything, they just want to fight people. And I kind of feel that way about people in general, I feel that most people are good but you'll get the odd couple of people who are just out to be horrible and it's those that, if you bump into them, that's the problem.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me" or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes. And another big one is like big vans and things like that. Like if there's a man doing something in the back of a van and the van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.


I: What is it if you had to pinpoint one part is the bit that is making you most angry thinking about your image? What part do you think it would be?

P3: [Pauses] That's a hard one, erm.

I: It's alright, take your time.

P3: [Pauses] I'd say it's them calling me the names and things but more the way they make me feel.

I: Uhuh so when you feel angry about them is it because of what they're saying or because of how they're saying it or what bit is making you most angry when you think about it?

P3: [Pauses for thought] That they're making me believe that I'm those things.

P7: It is mainly on the others I think, there is a bit of myself involved in terms of how paranoid I get, in terms of what other people are doing behind my back that is what you sort of worry about… How you come across as a person, also first impressions as well, I get really nervous when I am meeting people for the first time… I don't show it always but I do get quite nervous like I am worried that I will say some weird stuff, that might make the person think I am sort of a weird guy really, which I don't want, I just want them to think I am just a normal person.

P11: Um, yeah, just more, more to do with how they've made me feel about myself and how I've made them feel. It's really complex, I think.

## 5.3 Others causing negative self-evaluation

2 participants, 3 codes

P4: Well because she's giving me the dirty look that implies... when you see that from the first person and someone looks at you like that it's like you've done something wrong. So just the look in itself makes me feel like I've done something, even though I don't think I did [laughs].

P4: Yeah, just after it all happened I started to look a bit more inwardly and thought about I could have handled it differently, like maybe it was my fault. But talking to other people about it, even people that weren't involved, they all said "oh my god, no, I'd have done the same thing" or whatever. And I thought about it, and spoke about it, and rationalised it with myself and my mum who works there… and I thought "no, I tried, and I couldn't have done anything differently" so then it became more aimed at her.

P11: So like their decision had already been made regardless of what I would have said or they were already going to go 'oh well we're going to do this' because it would be the easiest thing to deal with or make me feel like I had done something slightly wrong, do you know what I mean?

## Theme 6: Evaluating others

### 6.1 Generalising

6 participants, 12 codes

P2: I'm very aware, in the image, that I'm on high alert and looking for if this happens and then it does happen. So it kind of just makes me suspicious of everybody, particularly very loud people. I'm very aware, even when I do go out, I look around and am very aware of who's drunk or who's being quite loud, and if there is someone there who's being very loud and kind of obnoxious then it makes me uncomfortable because I kind of think "what if they start a fight, what if someone starts a fight with them?". And it's not… it makes me quite suspicious of people.

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P2: The people in the image are just sort of angry people, they're just… I think because in reality it all happened so fast, I think in my image it's just people want to fight. Especially the men in this image, they're just after a fight, they're not fighting because of anything, they just want to fight people. And I kind of feel that way about people in general, I feel that most people are good but you'll get the odd couple of people who are just out to be horrible and it's those that, if you bump into them, that's the problem.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me"

or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes. And another big one is like big vans and things like that. Like if there's a man doing something in the back of a van and the van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.

P3: Erm more that people I think like and love me don't, they think those things about me and think I'm a bad-tempered person.

I: Ok, anything else, so this next one anxious, which parts of it are making you anxious when you think about your image?

P3: Erm, [pauses] that other people believe in it.

I: Ok so when you say other people, who, the general public or just-

P3: Yes, people that I meet and people that I know.

P4: Erm, I feel no different towards any other people, just her or the people who sided with her.

P4: Obviously I like them less because some people who were nice to me at the time the suddenly jumped to her, I think because she's quite authoritative in work. So it's changed my perception of them afterwards, like negatively.

I: Ok, and do you think that that's transferred or had a knock-on effect to wider people in general? Or do you think it's just changed your opinion about those specific people.

P4: Yeah, just those people. Like with other people I wouldn't assume are all like that.

P6: Erm, I- I feel like I've gone through some things that maybe they, I would believe haven't had to, and like when I was younger, erm, my, my brother passed away when I was eleven, my older brother, which affected me massively, I, took an overdose when I was thirteen because of it. It, you

know, completely destroyed me, him dying. My dad and I never really got on so I've always been fairly withdrawn. My brother passed away the week before I started my high school so I, was a complete mess during that time that I barely remember any of it to be honest. But I was a complete mess so therefore didn't really even make an effort to make friends so always felt withdrawn from that and my father and I never really saw eye to eye on things. And he, was quite intimidating when we were kids, erm. He almost broke my leg once [laughs] when, I was about six. And, in fact the week before I came to uni he threw me, down some stairs. So, from ages like tha- I think six is the earliest I remember so from the age of six to nearly nineteen, I've never had a connected with my dad 'cause I've always been, fairly intimidated by him, so I just don't like other people that much I suppose.

P9: I think maybe from my past school, it was an all-girls school so you can already imagine how that must be [laughs], but um, yeah there were always this group of girls who were like kind of like the popular people or whatever, so they always would do anything and everything to bring people down. So they would just pick on people, and it didn't necessarily happen to me, like, I was just sat in front. I was always the one who kept to myself, quiet, like I'd rather not stand out kind of thing. But I would hear them like make fun of someone's hair or make fun of the way someone walked, and I think because I heard those things, I always imagined people would do the same to me. I just, I wouldn't necessarily hear about it, which is sometimes better [laughs].

I: Yes, the unknown does explain a lot. What about the unknown in relation to it not actually happening to you?

P9: Yeah! Because those people were saying things like that as if it was nothing.

I: The girls in middle school?

P9: Yeah, there could be other people who think like that as well and who are doing it right now, kind of thing.

P11: Um, made me feel angry. It made me feel like I had no trust in institutions, I had no trust in processes that could happen. No trust in official processes, I'd lost all trust in anyone in authority. And I'm thinking like 'well, you're meant to be there to help or defend or provide support and I've been left totally on my own and allowed to muddle through this with no help from you at all'.

## 6.2 Hypervigilance

4 participants, 7 codes

P1: Well his friends and him were sat on the floor, I was sat in the corner and they were all sat around, and then she was on the sofa. And so I can remember where they were all sat and stuff.

P2: I'm very aware, in the image, that I'm on high alert and looking for if this happens and then it does happen. So it kind of just makes me suspicious of everybody, particularly very loud people. I'm very aware, even when I do go out, I look around and am very aware of who's drunk or who's being quite loud, and if there is someone there who's being very loud and kind of obnoxious then it makes me uncomfortable because I kind of think "what if they start a fight, what if someone starts a fight with them?". And it's not… it makes me quite suspicious of people.

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P7: Um, when I say I can see a whole room of people, I mean I sort of stand in a position where I can see all the people in the room, I know it sounds literally the same but I like to sort of see all the people in the room, and sort of not intentionally but slightly overwhelm myself with the amount of people just so all the faces are sort of familiar to me, prior to sort of entering a conversation.

P9: Probably would be about why do people think like that, what are people thinking about. Like, yeah, I always kind of think about what they could be thinking or why they are looking at me. Or like why they are turning their heads at me, little things like that.

P9: Um, senses. A lot of auditory. So, like people laughing, people talking. Um, it's mostly voices, like people shouting 'ooooh!' Um. Some visual, in the sense that I'm watching the people around me and what they do, like whilst I'm going to sit down, stuff like that. Also, I feel like they are watching me.

P9: Yeah, more so people I can hear. People that I am aware are around me so, like especially if there's a bigger group of people. Because when I'm walking in, I'm normally walking by myself so I walk in by myself and suddenly it's me alone versus all of them, kind of thing, even though it's not necessarily like that.

## 6.3 Suspiciousness

4 participants, 8 codes

P2: I'm very aware, in the image, that I'm on high alert and looking for if this happens and then it does happen. So it kind of just makes me suspicious of everybody, particularly very loud people. I'm very aware, even when I do go out, I look around and am very aware of who's drunk or who's being quite loud, and if there is someone there who's being very loud and kind of obnoxious then it makes me uncomfortable because I kind of think "what if they start a fight, what if someone starts a fight with them?". And it's not… it makes me quite suspicious of people.

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P7: I am suspicious of what other people are doing, whether they are making subtle judgements or not, and if the person sort of keeps looking at you like that in the corner, you would get a little bit suspicious of what they are actually

thinking about you, or a little bit paranoid is a better word, but suspicion comes into that as well.

P7: Yes and how I come across. How other people take how you're acting and behaving makes you suspicious of other people.

P9: Probably would be about why do people think like that, what are people thinking about. Like, yeah, I always kind of think about what they could be thinking or why they are looking at me. Or like why they are turning their heads at me, little things like that.

I: And you said that it was predetermined and planned which would explain the suspicion, and quite heightened. Would you say that your suspicion affects you now?

P11: [Pauses] To an extent. I try to sort of supress it. So, I always go 'what are you asking me that question for?' Or 'why are they thinking that?' and its altered my personality slightly to be more suspicious.

I: Yeah?

P11: And more judgemental as well. I'm more judgmental of them. Of what other people might be thinking. Um, and I've now made a conscious effort to um try and do the best that I can do so nobody can accuse me of something so I always like cover my back and that sort of thing.

P11: Because I said about like predetermination and also um, I can't remember what word I used now. Um. Conspiracy type thing. So it is quite… I do find it very suspicious of the whole situations. The whole lead up, the whole time I was at the university, um, the whole situation, all my conversations that I've ever had with anybody at the university because things have fed in that normally wouldn't have expect to feed in, into the arguments that they've raised and you are just thinking 'well'. It makes you feel like there is somebody always watching you. So it was a very suspicious image and how people defended themselves and statements that were different. Do you see?

P11: It's very, um, it would be odd if it wasn't suspicious if you know what I mean.

## Theme 7: Persecution and threat

### 7.1 Social harm and threat

8 participants, 24 codes

P2: The whole of it makes me angry, because it makes me angry that someone would ruins somebody's night by doing that. And I just think that we were having a nice time and now it's ruined thanks to those people. So the whole kind of thing makes me angry.

P3: I think I'll start in primary school er, we'd moved house erm, and our next door neighbours were Jehovah's Witnesses but we became friends with them very quickly, next door neighbours, same age as us and then when we went to school with them, because they were bullied through their religion that then rubbed off on me and my sister and we became bullied and…

I: Ok. So would you say that that image of you being bullied is something you still think about and-

P3: I think it's more the names.

I: Ok. So what sort of things?

P3: I think it started off with being called scab and erm like horrible, and then as I got a bit older it was fat and things like that.

P4: Well, number one that she's 40 but couldn't rationalise her own feelings and thoughts and talk about it normally. Number two, I'm disgusted in the fact of how she handled the whole situation, and then the fact again that I tried to talk to her about it and she wouldn't listen and just shouted instead. And number three how she tried to turn my own friends against me, it didn't work but she still tried and that's disgusting behaviour.

P6: Erm, if I'm, in a group of people I'll tend to have that feeling and then I'll be a lot more withdrawn, erm, 'cause I am a fairly outgoing person, however if I am in a group of people that I know that they're friends and I am literally, I am physically, the outsider, the newest person of the group, I will kind of have that thought and then just completely withdraw from it and just, they'll obviously laugh, or whatever they're saying.

P6: Err, it's generally just a group of people, it doesn't matter where we are, sometimes it's in the kitchen of the flat, sometimes it's in my games room at home, sometimes it's

in a nightclub from, where I'm from, there's just like a
group of us, there's people that I know that I'm good friends
with and then there's other people that they might be good
friends with, that I don't know so well. And, I feel like I
do it to myself to be honest, like I definitely withdraw,
from the conversation, and I don't enjoy it as much, but,
I'm, I'd, kind of, they're all laughing and joking, and
joking about stuff that I don't necessarily understand, maybe
it's an inside joke with them, and I just, feel left out
[pause] and don't feel part of it.

P6: Not specifically I suppose it kind of, I kind of al-, I
dunno maybe primary school, but, never, I never felt like I
fitted in in primary school, I always felt like I was a lot
older than the others, even though I wasn't. And looking back
now I think I probably was, I think I matured fairly quickly.
[Pause] I, I started my period before everyone else, and
everyone else was still playing hopscotch and I was, I dunno,
not [mumbles] I do feel like I matured very quickly compared
to the other girls in my year and I always felt like I kind
of got on with the guys more than the girls, so was then
ostracised by the girls. Like I would be on the rugby team
and not the cheerleading team I wouldn't be throwing pompoms
around I'd be throwing a rugby ball around and, playing round
I suppose, so, I suppose it's that, sort of feeling.

P6: Who [pause] weren't the right group of friends, they
were, I never felt part of them they were very, very snobby.
Very snobby. And, I kind of pulled away from that group
fairly quickly after that I suppose. But erm, yeah I never
really felt a part of them, they were my sixth form
friendship group, so, maybe then.

P6: Yeah, I tend to avoid them if I can, but then obviously
if all of your flat are going out, you don't wanna be the
only one that isn't and, we do have a girl like that in our
flat and, we, are not friends with her I suppose. So, I don't
wanna be that person, so. Honestly if I can avoid I will but
if I can't then, you just go with it.

P7: Well what I mean by anxiousness is, literally I am just,
I am worried that other people might think of me as not being
socially able and therefore not include me in their group, or
something like that.

P8: I feel threatened in the sense that, because it could
happen, like in that situation I would feel very targeted
because everyone would be looking at me.

P8: Oh other people? Yeah, I think they might notice like my
hands trembling and like, in my head I am just focusing on
not trembling my hands and I usually picture them like making
fun of me, and stuff like that, telling other people about it
and stuff.

I: Ok so you are conscious of other people noticing in terms of your hands trembling and things like that?

P8: Or just like telling other people like making a joke out of it, that worries me [laughs nervously].


I: Thank you so, you are quite worried about other people seeing your behaviours and watching people seeing them?

P8: Because I don't think they understand why, like most people don't really know too much about it, so they don't understand why I have to do things a certain way, so I think if they don't understand they will make fun out of it, rather than just ignoring it, they will probably take the mick [laughs].


P8: That makes me, I don't ever see them laughing towards me, I see them doing it behind my back… like maybe if someone asks if I am ok in the lecture, and then they turn to like someone else, and then they do it behind my back, kind of like in a nasty way, but it makes me, struggle to form good friendships, and relationships with other people, because I always worry how they will perceive me?

P8: Usually when I'm in a social situation, I always have these like thoughts, where people are noticing my behaviour, so like in my head I am thinking, just act normally, like be calm and I always think they're gonna pick up on certain things I do and like point it out in front of everyone, and that worries me, because everyone starts noticing then [laughs nervously].

P8: Yeah I can see my friends and picture them in a lecture or whatever just like whispering to the next person, and I can just see them like smirking, or like making fun or something.

P9: I think maybe from my past school, it was an all-girls school so you can already imagine how that must be [laughs], but um, yeah there were always this group of girls who were like kind of like the popular people or whatever, so they always would do anything and everything to bring people down. So they would just pick on people, and it didn't necessarily happen to me, like, I was just sat in front. I was always the one who kept to myself, quiet, like I'd rather not stand out kind of thing. But I would hear them like make fun of someone's hair or make fun of the way someone walked, and I think because I heard those things, I always imagined people would do the same to me. I just, I wouldn't necessarily hear about it, which is sometimes better [laughs].

I: Yeah, so, when you feel they are laughing at you, what does that kind of mean to you?

P9: [Pause] um, I view them as if they are like a really big group of people. Very big. I'm just one person, I'm kind of alone, very small. Um, and they are laughing at me kind of thing. So it's almost like, you know, like, a threat of power. A power threat. Even though it's not necessarily like a power threat.

P10: I remember being like really annoyed with my friends because I felt a bit like, especially the girls, boys were just being annoying. But I remember with the girls feeling like, you know, you know I don't really like it when you just all left me sat here having to talk to him, when he's like, and I'm not interested. They could have helped, just like, girl code a bit! That kind of, you've left me feeling really uncomfortable and you've gone off, and you're all giggling and laughing. A bit betrayed by them. I'd probably say.

P10: I remember like, when I was with this guy, we went out with all my friends and he was being really embarrassing in front of all my friends. And like, again, I can remember all my friends were taking the mic and I felt like the centre of attention and horrible.

P10: In the image, I still remember feeling a bit annoyed. Kind of [pauses] looking at them like trying to get someone to come over. Why are you all ignoring me? You kind of know, it's not funny. That was the thing like [pause]s [mumbles].

P10: Oh, I can remember hearing all the boys shouting going 'oh!' because I was sat next to a guy, that they were embarrassing me by going 'oh is that your boyfriend?' All the stupid and really immature kind of things, all that kind of stuff. And just loads of screaming and joking around, because they are all pushing each other and that kind of stuff. Rough and tumble, kind of screaming and laughing.

P10: Yeah, I felt like it was at me and they were meant to be my friends. [Pauses] they sort of left me to fend for myself.

## 7.2 Personal harm and threat

3 participants, 14 codes

P4: It makes me feel worse about myself, because since coming here I feel like I keep growing all the time… that sounds really cliché but it does. I've just distanced myself from her completely, considering how old she is compared to me. And I used to feel like, when I think back to that image, it makes me feel like definitely that I was more wrapped up in the situation. So that makes me feel when I think back to how… not how I dealt with it because I think I dealt with it well, but it still makes me feel worse about myself than how I feel now.

P4: Yeah and she's being all… not necessarily confronting me, but her sister was there as well so the whole like talking about acting all "I'm a better person than you" sort of high horse attitude.

P7: Yes it's sort of a conspiracy theory yes something like that… Um in terms of the conspiracy theory I have sort of done something which I would have never done, which has been talked about, which is just used to sort of um annoy me and sometimes and sorry it's really hard to explain [breathes deeply].

P11: The feeling small, I'm quite a confident outgoing not nervous kind of person, and so for me to feel small is all the opposite of those things. I felt nervous, I felt anxious, I felt like I could sit there and cry, I felt all sorts of different things. It was not um, the complete opposite to what my character is basically, being small is, is completely taking myself and shredding it up into little pieces. Yeah.

P11: Um, and… I had a series of… sort of, they are meant to be panel hearings to decide whether I'd made the errors they accused me of or not. And then they were making errors themselves so, things carried on and on and on. And um, yeah. That was one of the panel hearings I can vividly remember, well 3 of them I can vividly remember.

P11: And it was to um, see whether if I was working unsupervised or not which is like a big thing within medical things so, but I wasn't working unsupervised but they accused me of it.

P11: Um, I can feel the anxiety within my chest. Like a ball of anxiety. Yeah I can feel that. And I can feel um… like… heat on my face from the side. So because all the people are sat over on the side, the people that are accusing me of things were sat over there on that side, so I can feel sort of like, negative energy.

I: Ok [pauses] so, you mentioned anxiety, what was happening when you were feeling that?

P11: Um, I was having to answer certain questions and having to defend myself against accusations that were not true.

P11: Um. Probably because [pauses] when you've been accused of doing something you haven't done and you are having to defend yourself, it does make you quite defensive and quite upset and that can also turn into anger.

I: Yes.

P11: So yeah.

I: Ok. I can see where that comes from.

P11: And because of how it's altered the course of my life, like I was quite happy doing what I was doing at the time [laughs] and then it's like 'oh. Ok.' Different course.

P11: Because I'm disgusted at the people in the image, that's what it is. Um, I'm disgusted that it's happened and that it's been allowed to happen and an institution has allowed it to happen. Um, and when the processes are meant to protect you, they condemn you.

P11: Um, made me feel angry. It made me feel like I had no trust in institutions, I had no trust in processes that could happen. No trust in official processes, I'd lost all trust in anyone in authority. And I'm thinking like 'well, you're meant to be there to help or defend or provide support and I've been left totally on my own and allowed to muddle through this with no help from you at all'.

P11: Just, like, I was having to fight exam results and things like that. It was all sort of. I was having to fight exam results, I was kicked off the course at one point, I had to fight to get back on. Um, I was treated differently. I know you could say, from your opinion that you were treated differently but there were times where I was thinking 'that's really uncalled for'. =

P11: Quite yeah. [Places mark on threat VAS] I'd go quite with the same with the suspicion because of um, it was going to, well if they came back with a particular verdict, well, they did some back with a final written warning verdict and initially in that hearing. And that would alter the complete course of my professional career. Because I would have to declare the fitness to practice final written warning at every job interview I ever went to.

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P11: It's not just a university thing, it would have stayed with me my entire life. So, it makes me feel exceptionally threatened because I wouldn't have been able to have the same opportunities as my fellow colleagues at getting the jobs or getting perhaps mortgages and I would be supressed throughout my life with it.

## 7.3 Physical harm and threat

2 participants, 11 codes

P2: Both, actually. I worry that, you know, "what if I get pushed by accident and I get really hurt or I hit my head or I get cut?" or something like that. But then I equally think about "what if the person is just mindlessly just going after everybody?" because they've just lost it, and they just go straight after me because I'm small or because I'm female. And I feel quite vulnerable most of the time anyway, so I kind of feel that some people would prey on that… which they would.

P2: But I'm kind of in the middle of the fight, and I'm exposed to everybody, and yeah mainly being on my own makes me feel vulnerable.

P2: I can feel my back against the wood and then I can almost feel like when the glass smashes, because I've felt it before, sort of the shards of glass hitting my legs.

P2: It's more general in that it'll be things like "what if a man comes after me and hurts me?" because again I am small. "What if he hurts me in a different kind of way?" or "what if it's sexual or something like that?", it's weird because it's not so much physical violence anymore it's more that sort of thing that scares me. I don't actually think that someone's going to come up and punch me in the face, I don't know why I just don't think that's going to happen, but I feel like that other side of it is more likely to happen even though I know it's not rational [laughs].

P2: Just the violence, the whole violent atmosphere. The loud noises, the shouting, the actual fight, that just whole negative energy, that's what makes me anxious.

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my

bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P2: Right, she came up to me and she said "did you call my sister a c***?", that's what she said. And I have no idea who this girl is, I've never met her before in my life, I've never seen her, I don't know who her sister is. So I just said "no, no…" and basically she was after a fight and I'm quite small, and I was still smaller as I was a lot skinnier back then, and she just basically beat the crap out of me for no reason whatsoever. So that, for a long time, kind of triggered anxiety about going out. It's a lot better now than it used to be, by miles, it's not perfect now but I can go out on my own during the day now… but if someone said to me, when it was dark, "walk to down to the shops on your own" I wouldn't.

P2: When I was in there once, it's kind of a replay of what's already happened, because I was in there once and a fight broke out. So I was pushed against one of the wooden pillar things there and a glass was smashed, everything was getting smashed around me… and it's kind of that sort of imagery where I'm there again and a fight's happening. I'm not necessarily involved in the fight but I might end up getting hurt as a result.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me" or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes. And another big one is like big vans and things like that. Like if there's a man doing something in the back of a van and the van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.

P2: Yeah, I mean I think that they were doing it just to start a fight and be horrible and hurt somebody basically. And whether they're angry about something else in their life and rather than take their anger out in a normal way they just want to go punch somebody else in the face.

P6: Erm, I feel anxious because I don't really know them and it's not a situation I like to be in so I'm a bit apprehensive of it, especially like, in a nightclub, I don't, like them much. I'd rather go to a bar I suppose than have disgusting sweaty old men, feel my a**.


## 7.4 Unfairness

## 7 participants, 18 codes

P1: He agreed months ago to be in her little film thing they have to do, and that was 4 months ago, it was ages ago so she had ages to do this. And so in the Christmas holidays I was home for the first time in ages and it was our last weekend together and then she decided to arrange it and I was like "no".

P2: Right, she came up to me and she said "did you call my sister a c***?", that's what she said. And I have no idea who this girl is, I've never met her before in my life, I've never seen her, I don't know who her sister is. So I just said "no, no…" and basically she was after a fight and I'm quite small, and I was still smaller as I was a lot skinnier back then, and she just basically beat the crap out of me for no reason whatsoever.

P2: The whole of it makes me angry, because it makes me angry that someone would ruins somebody's night by doing that. And I just think that we were having a nice time and now it's ruined thanks to those people. So the whole kind of thing makes me angry.

P3: I think I'll start in primary school er, we'd moved house erm, and our next door neighbours were Jehovah's Witnesses but we became friends with them very quickly, next door neighbours, same age as us and then when we went to school with them, because they were bullied through their religion that then rubbed off on me and my sister and we became bullied and…

P4: Erm, it makes me feel kind of angry. But not like strong anger, just inwardly. It brings a feeling of unjust, because what happened wasn't fair. And it makes me feel just annoyed in general, like agitation.

P4: I think it would be in the pub when she started getting all you know… it would be that. Because the looks I can sort

of handle, that doesn't make me annoyed, I mean it's not very nice, but it doesn't make me angry. But the way she handled the situation with her sister and everything just makes me angry because I didn't have the chance to even say anything and that's not fair.

P4: It's basically someone in work, who I used to work with before I moved down here. And she basically liked someone who I was seeing and it all started from there. And then it was like... she's a lot older, she's twice my age, and she was making up rumours about me in work and things like that. And then one day it escalated on a night out, and I didn't do anything I just said "I'm not doing this", but then from there it kind of… it didn't really die down. But, yeah.

P7: Umm I wouldn't say its accurate, but the feelings of, um [pauses for thought] the feelings of sort of nervousness, the apparent being paranoid due to the fact that others might be making subtle judgements about you, that is the main factor I think… Just being paranoid due to the fact that others might be judging you for who you are, even though you try to be sort of a normal person. Which you have always tried to be.

P7: Yes it's sort of a conspiracy theory yes something like that… Um in terms of the conspiracy theory I have sort of done something which I would have never done, which has been talked about, which is just used to sort of um annoy me and sometimes and sorry it's really hard to explain [breathes deeply].

P9: Um, I always view people like above me, I don't know why, it's a very silly thing. But I always view them like above me, and I always try to adopt the respect point of view. Like, 'respect them, you want them to respect you' kind of thing. So, don't do anything to, I don't know, make anyone feel bad or do anything to hurt somebody or something. So, but, sometimes I don't feel like they necessarily would do the same to me kind of thing. So, in some ways, like I do feel people are like, not out go get you, but kind of like that, you know what I mean? Like they don't have the same views as I do kind of thing.

P9: Um, well, not cause, um, I don't know. Kind of, play like the good person. So, don't do anything you wouldn't want anyone else to do to you kind of thing. But then, at the same time I always think like, they don't always do the same thing for me. So, it's a bit like, why?


P11: Probably because [pauses] when you've been accused of doing something you haven't done and you are having to defend yourself, it does make you quite defensive and quite upset and that can also turn into anger.

I: Yes.

P11: So yeah.

I: Ok. I can see where that comes from.

P11: And because of how it's altered the course of my life, like I was quite happy doing what I was doing at the time [laughs] and then it's like 'oh. Ok.' Different course.

P11: Because I'm disgusted at the people in the image, that's what it is. Um, I'm disgusted that it's happened and that it's been allowed to happen and an institution has allowed it to happen. Um, and when the processes are meant to protect you, they condemn you.

P11: I feel that there was a predetermination. So they already knew what was going to happen. So no matter what I would have said, it wouldn't have changed the course of the outcome. So that made me feel little. Um, there were untruths being said. So, um, [pauses] yeah. It's hard to explain.

I: Oh. So what actually happened in this image? If you don't mind describing it.

P11: No no no, that's fine. So I was, it was a previous university actually and I was undergoing a fitness to practice procedure for something I didn't do, and it took 15 months instead of 20 working days.

P11: Um, and… I had a series of… sort of, they are meant to be panel hearings to decide whether I'd made the errors they accused me of or not. And then they were making errors themselves so, things carried on and on and on. And um, yeah. That was one of the panel hearings I can vividly remember, well 3 of them I can vividly remember.

P11: Yeah, a panel of people sat in front of me. About… there was 5 people sat in front of me, and there was a sectary over there [gestures behind] so person advising the panel and all that. And then the people who- different witnesses and different presenters of the case and all that sat beside me. And then I had family members sat with me because they wouldn't allow me any representation, I'd had to- it was either student union, who would know nothing about it or a friend. And I was like 'no', I'll have some family in with me. So I had my father and my mother sat either side of me.

P11: You know what I mean? So yeah. It was just unwarranted behaviour which then probably put barriers up with me and I felt like I had to be defensive all the time.

## 7.5 Deliberate targeting

7 participants, 13 codes

P2: Both, actually. I worry that, you know, "what if I get pushed by accident and I get really hurt or I hit my head or I get cut?" or something like that. But then I equally think about "what if the person is just mindlessly just going after everybody?" because they've just lost it, and they just go straight after me because I'm small or because I'm female. And I feel quite vulnerable most of the time anyway, so I kind of feel that some people would prey on that… which they would.

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P3: And Sarah* makes a point of telling me that, er, I'm not having a good time. She, in fact sh- I'm definitely more outgoing than she is in terms of not going out but, she like to make a point of making sure I know that I'm bringing the night down, if I'm not dancing around a forty year old man with a tequila shot. So I, don't like, so…

P4: Well, number one that she's 40 but couldn't rationalise her own feelings and thoughts and talk about it normally. Number two, I'm disgusted in the fact of how she handled the whole situation, and then the fact again that I tried to talk to her about it and she wouldn't listen and just shouted instead. And number three how she tried to turn my own friends against me, it didn't work but she still tried and that's disgusting behaviour.

P7: Yes I can, ummm in the past, especially in secondary school I can think of an image where I am just walking out a classroom maybe and as soon as I turn back round and shut the

door and everything, they're out the room, sort of bad things or conspiracy theories are being spread about me and that is the sort of image, I sort of have at the moment.

P7: Yes it's sort of a conspiracy theory yes something like that… Um in terms of the conspiracy theory I have sort of done something which I would have never done, which has been talked about, which is just used to sort of um annoy me and sometimes and sorry it's really hard to explain [breathes deeply].

I: So we didn't talk about that one, but could you just elaborate for me, what specifically makes you feel threatened?

P8: I feel threatened in the sense that, because it could happen, like in that situation I would feel very targeted because everyone would be looking at me.

I: So what specifically in the image do you feel threatened by?

P8: People looking at me.

P10: But even though I wasn't interested or anything, they planned it. They did it all.

I: Yeah?

P10: And it was like 'ohhhhh he's your boyfriend', well like, no he's not. You lot have decided he's a boyfriend [in angry tone] and I'm not interested and I don't like having to-. They put me in a situation where I had to text and tell him 'oh you know, I don't really- I'm not interested in you'. Which was something that almost had nothing to do with me but was just all centred at me. And I've had no choice in the matter and have had no input. None of my opinions had mattered. It's like, 'oh, we've sorted it out for you'.

P11: Because I said about like predetermination and also um, I can't remember what word I used now. Um. Conspiracy type thing. So it is quite… I do find it very suspicious of the whole situations. The whole lead up, the whole time I was at the university, um, the whole situation, all my conversations that I've ever had with anybody at the university because things have fed in that normally wouldn't have expect to feed in, into the arguments that they've raised and you are just thinking 'well'. It makes you feel like there is somebody always watching you. So it was a very suspicious image and

how people defended themselves and statements that were different. Do you see?

P11: Just, like, I was having to fight exam results and things like that. It was all sort of. I was having to fight exam results, I was kicked off the course at one point, I had to fight to get back on. Um, I was treated differently. I know you could say, from your opinion that you were treated differently but there were times where I was thinking 'that's really uncalled for'.

P11: So like their decision had already been made regardless of what I would have said or they were already going to go 'oh well we're going to do this' because it would be the easiest thing to deal with or make me feel like I had done something slightly wrong, do you know what I mean?

P11: That I know I said it was already predetermined, but I felt like there was a conspiracy. So things had happened before that meant that people had sort of liked me a little less, and liked me a little less each time. And then they saw an opportunity to say 'we can get her' sort of thing.

P11: Um, there was a particular individual who was quite, um, hostile. Um, she was the person who basically orchestrated the whole case against me. Um, and she came in with this massive great big file and was getting quite agitated because people weren't sort of taking her seriously and all that stuff. She was getting quite vicious. And quite nasty towards me as well and I could just feel the rage, if you know what I mean?

## 7.6 Reacting to threat

## 9 participants, 40 codes

I: Ok, and on the flip side do you think it causes you to behave in certain ways? So do you think you might then do things differently? Not necessarily avoiding people, but do you think you will then do something –

P1: Kind of in an aggressive manner towards them?


P1: She had a breakdown on the phone about me being there, so I just grabbed the phone and said "well I don't really want to be there". So I kind of feel like I aggravated the situation because of that awkward feeling about what happened before… I mean I probably wouldn't have done that otherwise.

P2: I don't go out downtown of a night-time for example.

P2: If I do say have a night out planned say on a Friday then on the Monday I'll start every so often getting flashes of "I hope a fight doesn't start" or "I hope something bad doesn't happen". Then I'll think "oh don't be silly" so I'll try and, if I do go out, try and be home by about midnight, I won't stay out late.

P2: It used to, when I was a lot younger it would make me literally stop and not want to go out and not want to do anything in case something happened… especially on my own. To the point where I'd even cancel evenings out and stuff because I'd just think "what if anything bad happens?", so I'd make up some excuse. Not so much now, but it definitely used to.

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P2: Right, she came up to me and she said "did you call my sister a c***?", that's what she said. And I have no idea who this girl is, I've never met her before in my life, I've never seen her, I don't know who her sister is. So I just said "no, no…" and basically she was after a fight and I'm quite small, and I was still smaller as I was a lot skinnier back then, and she just basically beat the crap out of me for no reason whatsoever. So that, for a long time, kind of triggered anxiety about going out. It's a lot better now than it used to be, by miles, it's not perfect now but I can go out on my own during the day now… but if someone said to me, when it was dark, "walk to down to the shops on your own" I wouldn't.

P2: The whole of it makes me angry, because it makes me angry that someone would ruins somebody's night by doing that. And I just think that we were having a nice time and now it's ruined thanks to those people. So the whole kind of thing makes me angry.

P2: Yeah, I mean I say I don't do it now but I actually do. I walk with… I put my keys in my hand if I am out alone at night somewhere, I have my keys in my hand like as a defence thing. I don't know why, I know that nothing's going to happen but I feel more comfortable that if something did happen I've kind of at least got something to protect me.

P3: Erm, it depends, if it pops into my head if I'm on my own then not really I can sort of work through it but if it's when I'm having an argument with somebody or something I do tend to get angry and that results in either lashing out with words or I, not get violent, but I throw things and things like that.

P3: Er. The lads at school, it was mostly boys calling me fat and ugly and it makes me angry.


I: All done? Fabulous, so, ok, so the first one we have touched on before is the anger side of it. Just to clarify for the purpose of the tape what parts of it makes you most angry. What is it if you had to pinpoint one part is the bit that is making you most angry thinking about your image? What part do you think it would be?

P3: [Pauses] That's a hard one, erm.

I: It's alright, take your time.

P3: [Pauses] I'd say it's them calling me the names and things but more the way they make me feel.


P3: Er I think because when you're having an argument with somebody that they themselves say things that erm kind of relate to that, it's not as bad but it brings back than all of those things and it makes me more angry than it really should do.

P4: Erm, well obviously I don't see her anymore unless I randomly go back home. I have no contact with her on social media and I've told my friends I don't want to know anything about her or anything she says or does. I just don't want to know so I've kind of removed her from my life.

P4: It might make me less inclined to talk to the people who were kind of close to the situation, like obviously friends here don't know anyone from there, but if they were all say talking about the weekend… I wouldn't avoid going out on the weekend if she was going to be there, but I wouldn't want to talk about it all week as much if I'd been visualising it already. I'd kind of want to stay a bit more distanced from the situation.

P4: Erm, it makes me feel kind of angry. But not like strong anger, just inwardly. It brings a feeling of unjust, because what happened wasn't fair. And it makes me feel just annoyed in general, like agitation.

P4: I think it would be in the pub when she started getting all you know… it would be that. Because the looks I can sort of handle, that doesn't make me annoyed, I mean it's not very nice, but it doesn't make me angry. But the way she handled the situation with her sister and everything just makes me angry because I didn't have the chance to even say anything and that's not fair.

P6: Erm, I start to feel quite ner- I think it's like an anxious sort of sickness, start to feel quite tired, like, drowsy as well, erm, I think it's 'cause normally I just want to go to my room but it's happening and then therefore I'll, I sleep in my room I suppose, so yeah I start to feel quite tired, erm, if I'm, if we're drinking alcohol I'll tend to just keep drinking just to try and make myself a bit tipsy, and then therefore you don't pay as much attention to it. But then if I do feel like that I actually can't get drunk, so it doesn't matter how much I drink I stay completely sober, so, I have noticed that, during uni I suppose.

P6: Erm, if I'm, in a group of people I'll tend to have that feeling and then I'll be a lot more withdrawn, erm, 'cause I am a fairly outgoing person, however if I am in a group of people that I know that they're friends and I am literally, I am physically, the outsider, the newest person of the group, I will kind of have that thought and then just completely withdraw from it and just, they'll obviously laugh, or whatever they're saying.

P6: Err, it's generally just a group of people, it doesn't matter where we are, sometimes it's in the kitchen of the flat, sometimes it's in my games room at home, sometimes it's in a nightclub from, where I'm from, there's just like a group of us, there's people that I know that I'm good friends with and then there's other people that they might be good friends with, that I don't know so well. And, I feel like I do it to myself to be honest, like I definitely withdraw, from the conversation, and I don't enjoy it as much, but, I'm, I'd, kind of, they're all laughing and joking, and joking about stuff that I don't necessarily understand, maybe it's an inside joke with them, and I just, feel left out [pause] and don't feel part of it.

P6: I suppose I speak less, I don't speak as much. I'll laugh at what they're doing but I won't kind of go and try and get a laugh I suppose. If we're all, we're invariably drinking so just carry on the drinking and hope it makes me feel a bit tipsy, so.

P6: They're normally quite big characters I suppose. They normally have strong personalities and, I suppose I have a fairly strong personality if I'm in a comfortable situation however I, I tend to withdraw if I feel that there's another big personality I don't wanna fight for al- I suppose I'd rather step back into the side-line.

P6: Yeah, if we, if we are in a group of people, say if we're going out and erm, like my f- flat mates friends, they're [mumbles] I'm not keen on them. And erm, I don't think many of us are, but they're quite loud obnoxious in your face, and, I just, I can't cope with it, I hate it, but you kind of sit there and then you just drinking and you just can't get drunk. So I wouldn't, you know if I feel anxious at ten in the morning I wouldn't pull out a bottle of vodka, it's only if we are all drinking then I'd drink.

P7: Um, when I say I can see a whole room of people, I mean I sort of stand in a position where I can see all the people in the room, I know it sounds literally the same but I like to sort of see all the people in the room, and sort of not intentionally but slightly overwhelm myself with the amount of people just so all the faces are sort of familiar to me, prior to sort of entering a conversation.

P7: Umm, I tend to sort of hear, to go from one to one hearing of different conversations before I sort of, before I try to sort of make an attempt, try to meet these new people. Yeah sort of listen to, out of sort of interest [stutters] or out of curiosity to see what they're [breathes deeply] saying really [breathes deeply].

P9: Sometimes, it depends. Like lectures for example, I don't let myself avoid lectures as it will affect me and my performance at my degree. So, my degree matters more than what people think of me in that sense. But if it happens, like, I don't know, socially or on a night out, like in halls last year, if it happened there, and it did kind of thing, um, I do kind of close myself off or tend to avoid people. Like, it was a whole different situation, but I did last year like close myself off, stayed in my room, avoid people, like, cook meals at awkward times and don't run into anybody. Things like that, to avoid the situation kind of things.

I: Yeah, that makes sense. So does that tend to happen in your image when you are walking into the lecture hall? You feeling small and them being big?

P9: Normally yeah. Like, yeah. If there's a large crowd of them. That's why I aim as well to get there really early as well [laughs]. I get there early and sit down and once I'm there, it's fine.

I: And how anxious does your image make you feel when it reoccurs? [Shows anxiety VAS]

P10: I'd probably say like [sighs] [places mark on anxiety VAS]

I: Ok

P10: Not a ridiculous amount. It used to. Like, it really did, it bothered me. Particularly when I was at school, because we all went to school together. So I would have only been in [pauses] year 10? 9 or 10? And I remember it really used to make me anxious, like for the last year, we used to have to bump into each other for lessons, I remember feeling really anxious all the time then. I just didn't want to talk to him because of, because of [stutters] and at that age, especially boys, they're mean when they're rejected, aren't they? So, I remember feeling- but now no. not anymore. But it did [laughs].

P10: I felt like everyone was laughing.

I: Yeah

P10: So people laughing at me in that one.

I: Ok, and how does that make you feel about yourself in the image?

P10: Oh, really anxious. I remember feeling really anxious.

I: Ok-

P10: -I just wanted to get home, I remember that.

P10: That was horrible. I remember that. I remember we've had arguments, well not arguments, but I've said to them before 'you know you guys'- I said 'you do realise that I never wanted to go out with him but you guys' and they go 'no no, we never thought you should!' and it's like [makes confused face] 'that was all you! you were the ones who invited him', and that kind of thing.

P11: [Pauses] Um, made me feel angry. It made me feel like I had no trust in institutions, I had no trust in processes that could happen. No trust in official processes, I'd lost all trust in anyone in authority. And I'm thinking like 'well, you're meant to be there to help or defend or provide support and I've been left totally on my own and allowed to muddle through this with no help from you at all'.

I: And you said that it was predetermined and planned which would explain the suspicion, and quite heightened. Would you say that your suspicion affects you now?

P11: [Pauses] To an extent. I try to sort of supress it. So, I always go 'what are you asking me that question for?' Or 'why are they thinking that?' and its altered my personality slightly to be more suspicious.

I: Yeah?

P11: And more judgemental as well. I'm more judgmental of them. Of what other people might be thinking. Um, and I've now made a conscious effort to um try and do the best that I can do so nobody can accuse me of something so I always like cover my back and that sort of thing.


P11: Just, like, I was having to fight exam results and things like that. It was all sort of. I was having to fight exam results, I was kicked off the course at one point, I had to fight to get back on. Um, I was treated differently. I know you could say, from your opinion that you were treated differently but there were times where I was thinking 'that's really uncalled for'.

P11: Not specific behaviours I would say but, um [pauses] well, unless you count like um, communicating particularly well, asking questions, making sure I'm doing the right things. Sort of protective behaviours. So I'm double checking and yeah.


I: Ok [pauses] so, you mentioned anxiety, what was happening when you were feeling that?

P11: Um, I was having to answer certain questions and having to defend myself against accusations that were not true.


I: Ok, and um, you said you felt disempowered but also empowered at the same time, how did it make you feel when you feel like you felt disempowered?

P11: So [pauses] made me feel like I had to fight more. Um, but also made me feel weak at the same time. Like I'd give, I didn't want to fight anymore. I didn't want to have to justify myself anymore. Um, I wanted to run away and stick my head in the sand and hide in a cave, all at the same time.

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P11: Probably because [pauses] when you've been accused of doing something you haven't done and you are having to defend yourself, it does make you quite defensive and quite upset and that can also turn into anger.

I: Yes.

P11: So yeah.

I: Ok. I can see where that comes from.

P11: And because of how it's altered the course of my life, like I was quite happy doing what I was doing at the time [laughs] and then it's like 'oh. Ok.' Different course.


P11: Um, I'd say it makes me more likely to participate and make sure that I'm an active member and make sure that I'm doing all that I can do to ensure that I get where I want to go.

P11: Um, probably about, there. [Places mark on embarrassment VAS] Because I'm having to defend myself against such a ridiculous accusation. It's quite embarrassing actually that it could have happened. So yeah, it is relatively embarrassing but I wouldn't say out of all the emotions, I think that would have been one of the least I was feeling.

P11: You know what I mean? So yeah. It was just unwarranted behaviour which then probably put barriers up with me and I felt like I had to be defensive all the time.


## Theme 8: Power

### 8.1 Lack of control

## 9 participants, 32 codes

P1: Like the one to do with the house viewings the moment I reacted and then the moment afterwards when I saw the reaction that I got from it wasn't really what I was planning on. And so it reminds me that sometimes when I socialise I do it wrong and then I'm like "oh, damn [laughs nervously] I'm not good at this".


I: So when you say "their reaction" do you mean something they've said? Or their facial expressions?

P1: Or when they don't do what I expect them to do.

P2: Both, actually. I worry that, you know, "what if I get pushed by accident and I get really hurt or I hit my head or I get cut?" or something like that. But then I equally think about "what if the person is just mindlessly just going after everybody?" because they've just lost it, and they just go straight after me because I'm small or because I'm female. And I feel quite vulnerable most of the time anyway, so I kind of feel that some people would prey on that… which they would.

P2: I think it just comes, in the image, it just comes out of nowhere. There's no initial argument, there's no initial you know "you've said this, you've said that", it's just a punch out of nowhere and then it just goes crazy.

P2: It's just general chaos it's normally, and I don't know who these people are, but it's normally two men and they're like fighting. But then it's just a big mass of people and there's no one there who I know, or anyone in particular.

P2: It's really weird, because even though I don't go in there, my negative images are always of Walkabout. Because I had a friend a couple of years ago, I sound like a right morbid person, but she died in there… you might not remember it but she just dropped dead in there, she just died. Unfortunately it was a heart problem that she didn't know about. But whenever I've been in there, not just with her, always bad things have happened. I've been in there before and there have been fights, the reason why she died was because her boyfriend was about to get into a fight and it scared her so much. And I was in there once, I think I'd just left, and someone fell down the stairs and really really hurt themselves… so for me that's kind of a really negative place. Whenever I think of something negative it's always in there, and it's always like… when I was in there once, it's kind of a replay of what's already happened, because I was in there once and a fight broke out. So I was pushed against one of the wooden pillar things there and a glass was smashed, everything was getting smashed around me… and it's kind of that sort of imagery where I'm there again and a fight's happening. I'm not necessarily involved in the fight but I might end up getting hurt as a result.

P2: Just like, scared. Terrified and I want to run but I can't run, I know you said about the knot feeling, but I think I would get that knot feeling anyway because I'd be terrified.

P2: Right, she came up to me and she said "did you call my sister a c***?", that's what she said. And I have no idea who this girl is, I've never met her before in my life, I've never seen her, I don't know who her sister is. So I just said "no, no…" and basically she was after a fight and I'm quite small, and I was still smaller as I was a lot skinnier

back then, and she just basically beat the crap out of me for no reason whatsoever. So that, for a long time, kind of triggered anxiety about going out. It's a lot better now than it used to be, by miles, it's not perfect now but I can go out on my own during the day now… but if someone said to me, when it was dark, "walk to down to the shops on your own" I wouldn't.

P2: That I'm just, I mean I know I'm small, but that I'm very small and that I'm quite vulnerable and that I need to get out of there… but I can't get out of there. That I'm just quite afraid and timid and quiet, which I am all of those things, but it just makes me feel a bit useless really.

P2: Thinking about driving, I've had a few little bumps but never anything horrible but I always think "what if", I think it's probably because it's out of my control I would imagine "what if someone hits me?" or "what if this happens?". But death is the main thing I think that causes me anxiety.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me" or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes. And another big one is like big vans and things like that. Like if there's a man doing something in the back of a van and the van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.

P2: Yeah, I'm in the same place, against the same pillar that I think it was… but again that could be wrong. But it's the same kind of atmosphere where it sort of comes out of nowhere, which it did come out of nowhere in reality. We were all just having a good time and then all of a sudden, you know.

P5: So mainly they are just judgemental, so even though there is not people there, I feel the whole situation is just very unfamiliar, so if I was performing it would be to strangers, but I don't really think that makes a difference.

P6: Erm, I feel anxious because I don't really know them and it's not a situation I like to be in so I'm a bit

apprehensive of it, especially like, in a nightclub, I don't, like them much.

P6: Erm, I think I have quite a vivid imagination, so erm, I tend to create a situation that's not there because of my own, I don't know, anxieties I suppose. But, I'm not a fan of social situations, I dunno I tend to have a reoccurring image of that, I don't, cope well in a big group of people, that, I don't particularly know well, so.

P6: Erm, I think it's the apprehension of it all, because obviously they're normally people there that I'm not friends with so much, but my friends are obviously there and then their friends come along, and I think that's what makes me feel a bit nervous about whether they'll like me or not I suppose.

P6: Err, it's generally just a group of people, it doesn't matter where we are, sometimes it's in the kitchen of the flat, sometimes it's in my games room at home, sometimes it's in a nightclub from, where I'm from, there's just like a group of us, there's people that I know that I'm good friends with and then there's other people that they might be good friends with, that I don't know so well. And, I feel like I do it to myself to be honest, like I definitely withdraw, from the conversation, and I don't enjoy it as much, but, I'm, I'd, kind of, they're all laughing and joking, and joking about stuff that I don't necessarily understand, maybe it's an inside joke with them, and I just, feel left out [pause] and don't feel part of it.

P7: I am walking to another person's flat maybe, I am knocking on their door with friends obviously, with a couple of friends maybe, which slightly calms me down a bit, who they might know or not know, then depending on whether you know or don't know the person, the anxiety levels may go down or up. They may go down if you know the person, they may go up if you don't know the person. But then you turn right to the kitchen, or turn left to the kitchen, uh depending on where they are having the pre-drinks etc. umm and that is when anxiety levels sort of go quite high because there are a load of people you sort of don't know and have never met so you want to make a good impression and I can imagine myself not knowing who to talk to apart from my friends and who do I approach, who do I approach? Who do I sort of meet sometimes, and sometimes trip over words, that does happen [breathes deeply].

I: Ok so you see other people then as separate from yourself?

P7: Yeah, well people I don't know rather.

P7: Yeah so that the sort of first impressions, so first impressions represents… sorry I didn't explain myself well but the first impressions of the mental image is a… so what I experience really, it's just meeting new people I think.

P7: Yes that is when I would sort of perform that action or attending a meeting of people I don't know, so whether is it going for an interview for a job or anything like that, or sometimes I leave my hands under the table and sort of distract myself.

P8: In- is not really like strangers, I wouldn't say that that worries me because they don't know me if you know what I mean, but the people that I do know, I don't want them to see me like that.

P8: Well they haven't, but I worry that they would, but if a stranger did that I wouldn't care if they did as much, because that is their opinion, they don't mean anything to me, I don't mean anything to them.

P8: Yes it is more myself, like I try to control it myself, like I try and control it myself rather than like about what other people think, I just try and control my own behaviour.

P9: Yes okay, so I kind of feel singled out, like everyone is watching me. All eyes are on me. And I've always been a very self-conscious and anxious person anyway. I do suffer from anxiety, so I do have anxiety anyway. So, when I'm singled out, put on the spot, I don't like the unknown. So, what people are thinking about me, what people are looking at me for? Little things like that. So, all those little things like make me feel really nervous and really anxious. They get me going, kind of thing, I feel intimidated almost.

P10: But even though I wasn't interested or anything, they planned it. They did it all.

I: Yeah?

P10: And it was like 'ohhhhh he's your boyfriend', well like, no he's not. You lot have decided he's a boyfriend [in angry tone] and I'm not interested and I don't like having to-. They put me in a situation where I had to text and tell him 'oh you know, I don't really- I'm not interested in you'. Which was something that almost had nothing to do with me but was just all centred at me. And I've had no choice in the matter and have had no input. None of my opinions had mattered. It's like, 'oh, we've sorted it out for you'.

P10: I hadn't even invited him. They kept on inviting him to all of the things and he assumed that we were kind of dating

and we weren't really. It's almost like my friends had decided that like 'oh, well you need a boyfriend, cos you've never had a boyfriend' and well it's like, you know, no one actually asked me, I don't want one! And I'm quite ok.

P10: I'll probably go with, the dates. Because it's not just that situation, it's happened um with other people I've dated. So that's a quite common one of feeling a bit kind of, being put in quite an uncomfortable situation.

P10: Oh, really annoyed, really annoyed. And hurt. Like, cos I mean, I remember him just putting me in a horrible situation and I thought he liked me, well, I'm not sure if he did, he might have done. But well, if you did that's not very nice, either way for both of us. What if she'd found us. He was just like 'oh yeah we've broken up' and they did the breaking up and they were sorting it and things have well-well no you're not. I bumped into him and they were not broken up.

P10: Yeah, I wasn't interested at all. My friends were just like 'oh you know, you should just invite him! He really likes you!' and I was like 'ok', I still remember feeling that horrible feeling of pressure and everyone watching me, I still remember all of that.

P11: I feel that there was a predetermination. So they already knew what was going to happen. So no matter what I would have said, it wouldn't have changed the course of the outcome. So that made me feel little. Um, there were untruths being said. So, um, [pauses] yeah. It's hard to explain.


I: Yeah. So that made you then feel quite little and small?

P11: Yeah. Yeah. But I couldn't make a difference.


## 8.2 Isolation

7 participants, 28 codes

P1: Well his friends and him were sat on the floor, I was sat in the corner and they were all sat around, and then she was on the sofa. And so I can remember where they were all sat and stuff.

P2: In this memory I'm always on my own, like I'm not with anybody, which again is not reality because I was with people… I think I was on my own against the pillar but I had friends there. But in my memory it's just me, in the image it's just me there, so I kind of think that that makes me vulnerable that I'm on my own. But I'm kind of in the middle

of the fight, and I'm exposed to everybody, and yeah mainly being on my own makes me feel vulnerable.

P2: It's just general chaos it's normally, and I don't know who these people are, but it's normally two men and they're like fighting. But then it's just a big mass of people and there's no one there who I know, or anyone in particular.

P6: Erm, if I'm, in a group of people I'll tend to have that feeling and then I'll be a lot more withdrawn, erm, 'cause I am a fairly outgoing person, however if I am in a group of people that I know that they're friends and I am literally, I am physically, the outsider, the newest person of the group, I will kind of have that thought and then just completely withdraw from it and just, they'll obviously laugh, or whatever they're saying.

P6: Err, it's generally just a group of people, it doesn't matter where we are, sometimes it's in the kitchen of the flat, sometimes it's in my games room at home, sometimes it's in a nightclub from, where I'm from, there's just like a group of us, there's people that I know that I'm good friends with and then there's other people that they might be good friends with, that I don't know so well. And, I feel like I do it to myself to be honest, like I definitely withdraw, from the conversation, and I don't enjoy it as much, but, I'm, I'd, kind of, they're all laughing and joking, and joking about stuff that I don't necessarily understand, maybe it's an inside joke with them, and I just, feel left out [pause] and don't feel part of it.

P6: I was the only person from my school- oh wait no there was, there were five people from my school that went to the sixth form, but I wasn't necessarily close with them, and I thought we're all in such a big school and then we got to *name of sixth form* and it was, my god it was huge, it was inside this university, so you would never know the sixth form students to the uni student so, it was massive there was like, twenty-five-thousand people on campus, so.

P6: My brother passed away the week before I started my high school so I, was a complete mess during that time that I barely remember any of it to be honest. But I was a complete mess so therefore didn't really even make an effort to make friends so always felt withdrawn from that.

P6: Not specifically I suppose it kind of, I kind of al-, I dunno maybe primary school, but, never, I never felt like I fitted in in primary school, I always felt like I was a lot older than the others, even though I wasn't. And looking back now I think I probably was, I think I matured fairly quickly. [Pause] I, I started my period before everyone else, and everyone else was still playing hopscotch and I was, I dunno, not [mumbles] I do feel like I matured very quickly compared to the other girls in my year and I always felt like I kind

of got on with the guys more than the girls, so was then
ostracised by the girls. Like I would be on the rugby team
and not the cheerleading team I wouldn't be throwing pompoms
around I'd be throwing a rugby ball around and, playing round
I suppose, so, I suppose it's that, sort of feeling.

P6: Who [pause] weren't the right group of friends, they
were, I never felt part of them they were very, very snobby.
Very snobby. And, I kind of pulled away from that group
fairly quickly after that I suppose. But erm, yeah I never
really felt a part of them, they were my sixth form
friendship group, so, maybe then.

P7: It depends how I come across as a person if I felt like I
haven't come across as a person they sort of like, uh then I
certainly don't feel like I'd fit into the group. Yeah.


I: Ok so you see other people then as separate from yourself?

P7: Yeah, well people I don't know rather.


P7: Umm, I would say that my beliefs about other people in
terms of, thinking about the image, I would just think that
they're normal people, with not a lot of, umm not a lot of
issues, not a lot of social anxiety, which I can't judge
because I don't have any evidence for it, um because I don't
know what is reality for them but I think that they're a
group of people, and I am the single person trying to fit
into the group of people. Do you know what I mean?

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know what is reality for them but I think that they're a
group of people, and I am the single person trying to fit
into the group of people. Do you know what I mean?

P7: Well what I mean by anxiousness is, literally I am just,
I am worried that other people might think of me as not being
socially able and therefore not include me in their group, or
something like that.

P8: Oh other people? Yeah, I think they might notice like my
hands trembling and like, in my head I am just focusing on
not trembling my hands and I usually picture them like making
fun of me, and stuff like that, telling other people about it
and stuff.

I: How embarrassed? [Shows embarrassment VAS]

P9: Oh, this one's like [laughs]. Yeah, this one is quite high up a lot [places mark on embarrassment VAS]

I: Oh okay, so, could you explain a bit more about the embarrassment?

P9: It's just because I feel alone and like I stand out. I feel like everyone's watching me. I do sometimes blush, I do feel myself go red sometimes. The heat [gestures to cheeks]. So I do feel like embarrassed in that situation. That I'm singled out kind of thing. Even though I'm not necessarily being singled out [laughs].


P9: I guess a little bit isolated. A little bit like left out of the crowd kind of thing. Like it even happens with my group of friends and stuff, I'm always the little one on edge. The one on the edge kind of thing.

P9: I think, this is a really like sad way of viewing life, but like, I always feel like I stick out, kind of thing. I don't really fit in. I'm quite the loner as well, like I don't mind being alone, I like being alone. Which is why I like living alone this year. I've always been like, I like solitude, so I think by sticking out and walking in alone, kind of thing, it kind of triggers it off a bit. I don't know.

P9: Just that I'm kind of singled out, because I'm walking by myself and the whole thing of like myself and them. All of them and just me. So, it's kind of intimidating, it's kind of scary. Like having them looking at you and maybe laughing, kind of thing.

P9: Um, I always view people like above me, I don't know why, it's a very silly thing. But I always view them like above me, and I always try to adopt the respect point of view. Like, 'respect them, you want them to respect you' kind of thing. So, don't do anything to, I don't know, make anyone feel bad or do anything to hurt somebody or something. So, but, sometimes I don't feel like they necessarily would do the same to me kind of thing. So, in some ways, like I do feel people are like, not out go get you, but kind of like that, you know what I mean? Like they don't have the same views as I do kind of thing.

P9: Yeah, like last year in halls with my flat mates and stuff, I was always really paranoid about what they thought of me. Because I'm from *country name*, so I'm not even from the UK. So, I was already like a foreigner. Completely different culture, completely different way of socialising with people. So I was like 'I don't know how I fit in here',

'I don't know if they actually like me' and stuff, so I was a
bit, always on edge as well because of that.

P9: Yeah, more so people I can hear. People that I am aware
are around me so, like especially if there's a bigger group
of people. Because when I'm walking in, I'm normally walking
by myself so I walk in by myself and suddenly it's me alone
versus all of them, kind of thing, even though it's not
necessarily like that.

I: Yeah, so, when you feel they are laughing at you, what
does that kind of mean to you?

P9: [Pause] um, I view them as if they are like a really big
group of people. Very big. I'm just one person, I'm kind of
alone, very small. Um, and they are laughing at me kind of
thing. So it's almost like, you know, like, a threat of
power. A power threat. Even though it's not necessarily like
a power threat.

P9: Yes okay, so I kind of feel singled out, like everyone is
watching me. All eyes are on me. And I've always been a very
self-conscious and anxious person anyway. I do suffer from
anxiety, so I do have anxiety anyway. So, when I'm singled
out, put on the spot, I don't like the unknown. So, what
people are thinking about me, what people are looking at me
for? Little things like that. So, all those little things
like make me feel really nervous and really anxious. They get
me going, kind of thing, I feel intimidated almost.

P11: [Pauses] Um, made me feel angry. It made me feel like I
had no trust in institutions, I had no trust in processes
that could happen. No trust in official processes, I'd lost
all trust in anyone in authority. And I'm thinking like
'well, you're meant to be there to help or defend or provide
support and I've been left totally on my own and allowed to
muddle through this with no help from you at all'.

P11: Um, I can feel the anxiety within my chest. Like a ball
of anxiety. Yeah I can feel that. And I can feel um… like…
heat on my face from the side. So because all the people are
sat over on the side, the people that are accusing me of
things were sat over there on that side, so I can feel sort
of like, negative energy.

I: Ok, so there was a panel of people basically?

P11: Yeah, a panel of people sat in front of me. About… there was 5 people sat in front of me, and there was a sectary over there [gestures behind] so person advising the panel and all that. And then the people who- different witnesses and different presenters of the case and all that sat beside me. And then I had family members sat with me because they wouldn't allow me any representation, I'd had to- it was either student union, who would know nothing about it or a friend. And I was like 'no', I'll have some family in with me. So I had my father and my mother sat either side of me.

## 8.3 Dominance

5 participants, 16 codes

P2: It's just general chaos it's normally, and I don't know who these people are, but it's normally two men and they're like fighting. But then it's just a big mass of people and there's no one there who I know, or anyone in particular.

P2: It's more general in that it'll be things like "what if a man comes after me and hurts me?" because again I am small. "What if he hurts me in a different kind of way?" or "what if it's sexual or something like that?", it's weird because it's not so much physical violence anymore it's more that sort of thing that scares me. I don't actually think that someone's going to come up and punch me in the face, I don't know why I just don't think that's going to happen, but I feel like that other side of it is more likely to happen even though I know it's not rational [laughs].

P2: Just shouting, and a load of noise. Weirdly I can't hear any music even though it's a club, it's just all aggressive language and shouting, male voices actually, not female. Just a lot of shouting and swearing.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me" or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes. And another big one is like big vans and things like that. Like if there's a man doing something in the back of a van and the

van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.

P2: Yeah when I was 14, so a long time ago, I was sat in a park with a friend. It was Saturday afternoon, 3 o'clock in the afternoon, people were in there playing and everything and this girl came up to me. I say girl, she was a beast.

P4: It's basically someone in work, who I used to work with before I moved down here. And she basically liked someone who I was seeing and it all started from there. And then it was like... she's a lot older, she's twice my age, and she was making up rumours about me in work and things like that. And then one day it escalated on a night out, and I didn't do anything I just said "I'm not doing this", but then from there it kind of… it didn't really die down. But, yeah.

P4: Obviously I like them less because some people who were nice to me at the time the suddenly jumped to her, I think because she's quite authoritative in work. So it's changed my perception of them afterwards, like negatively.

P4: Well, number one that she's 40 but couldn't rationalise her own feelings and thoughts and talk about it normally. Number two, I'm disgusted in the fact of how she handled the whole situation, and then the fact again that I tried to talk to her about it and she wouldn't listen and just shouted instead. And number three how she tried to turn my own friends against me, it didn't work but she still tried and that's disgusting behaviour.

P6: Erm, I suppose they're the one that's providing the laughs, and, as, I don't know, I always find not, a- just, in general I suppose, that erm, I don't know, just, the- they're the ones that get the most attention I suppose, it's not that I want the attention, I, that's exactly what I don't want, but, you know you, you wanna be as confident as them, and 'cause they, they don't care at all what people are gonna think, and obviously I do, a lot, so.

P6: I think, erm, quite a lot of people I'm friends with are fairly quite loud. Especially like some of my flatmates they're- and I don't not get on with them, but they're quite loud outgoing, and, I suppose I can be like that, like thirty percent of the time but, you know, I just, prefer to, stay in and [pause] read a good book, watch a film [laughs] like an old lady. But yeah they're always fairly outgoing so I suppose it reinforces the image.

I: So could you describe the image specifically for me that you experience?

P6: Errr, it's normally just me in a big group of people, and, I tend to be quite, a lot shorter than the others [laughs][pauses].

I: So what specifically in the image makes you feel threatened?

P6: The big personalities, I suppose, the, not feeling comfortable

I: Mmmhmm. So it's the idea that other people have bigger personalities than yourself?

P6: Yeah

I: And that's what makes you feel uncomfortable?

P6: Yeah

I: So you mentioned that makes you feel threatened?

P6: Yeah I suppose it's quite intimidating I suppose.

P6: They're normally quite big characters I suppose. They normally have strong personalities and, I suppose I have a fairly strong personality if I'm in a comfortable situation however I, I tend to withdraw if I feel that there's another big personality I don't wanna fight for al- I suppose I'd rather step back into the side-lines.

P6: Yeah, if we, if we are in a group of people, say if we're going out and erm, like my f- flat mates friends, they're [mumbles] I'm not keen on them. And erm, I don't think many of us are, but they're quite loud obnoxious in your face, and, I just, I can't cope with it, I hate it, but you kind of sit there and then you just drinking and you just can't get drunk. So I wouldn't, you know if I feel anxious at ten in the morning I wouldn't pull out a bottle of vodka, it's only if we are all drinking then I'd drink.

I: Yeah, so, when you feel they are laughing at you, what does that kind of mean to you?

P9: [Pause] um, I view them as if they are like a really big group of people. Very big. I'm just one person, I'm kind of alone, very small. Um, and they are laughing at me kind of thing. So it's almost like, you know, like, a threat of

power. A power threat. Even though it's not necessarily like
a power threat.


P11: It made me feel very small.

I: Small?

P11: Small. And like, they were trying to disempower me. So I
would just give in. The whole process was like that. So being
sat there with the people who were trying to disempower me
made me feel disempowered. But then also, having people who
cared for me and loved me there made me feel empowered so
sort of like-


## 8.4 Weakness and vulnerability

## 5 participants, 16 codes

P2: Both, actually. I worry that, you know, "what if I get
pushed by accident and I get really hurt or I hit my head or
I get cut?" or something like that. But then I equally think
about "what if the person is just mindlessly just going after
everybody?" because they've just lost it, and they just go
straight after me because I'm small or because I'm female.
And I feel quite vulnerable most of the time anyway, so I
kind of feel that some people would prey on that… which they
would.

P2: In this memory I'm always on my own, like I'm not with
anybody, which again is not reality because I was with
people… I think I was on my own against the pillar but I had
friends there. But in my memory it's just me, in the image
it's just me there, so I kind of think that that makes me
vulnerable that I'm on my own. But I'm kind of in the middle
of the fight, and I'm exposed to everybody, and yeah mainly
being on my own makes me feel vulnerable.

P2: It's more general in that it'll be things like "what if a
man comes after me and hurts me?" because again I am small.
"What if he hurts me in a different kind of way?" or "what if
it's sexual or something like that?", it's weird because it's
not so much physical violence anymore it's more that sort of
thing that scares me. I don't actually think that someone's
going to come up and punch me in the face, I don't know why I
just don't think that's going to happen, but I feel like that
other side of it is more likely to happen even though I know
it's not rational [laughs].

P2: Not that exact image, but it's the same kind of violence
thing… I mean not now but about 6 years ago my anxiety was
quite bad and I can remember I was on holiday and this

particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P2: Right, she came up to me and she said "did you call my sister a c***?", that's what she said. And I have no idea who this girl is, I've never met her before in my life, I've never seen her, I don't know who her sister is. So I just said "no, no…" and basically she was after a fight and I'm quite small, and I was still smaller as I was a lot skinnier back then, and she just basically beat the crap out of me for no reason whatsoever. So that, for a long time, kind of triggered anxiety about going out. It's a lot better now than it used to be, by miles, it's not perfect now but I can go out on my own during the day now… but if someone said to me, when it was dark, "walk to down to the shops on your own" I wouldn't.

P2: That I'm just, I mean I know I'm small, but that I'm very small and that I'm quite vulnerable and that I need to get out of there… but I can't get out of there. That I'm just quite afraid and timid and quiet, which I am all of those things, but it just makes me feel a bit useless really.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me" or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes. And another big one is like big vans and things like that. Like if there's a man doing something in the back of a van and the van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people

who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.


I: So could you describe the image specifically for me that you experience?

P6: Errr, it's normally just me in a big group of people, and, I tend to be quite, a lot shorter than the others [laughs][pauses].


P6: I'm shorter, 'cause, they're I'm looking up at them.

P9: I guess a little bit isolated. A little bit like left out of the crowd kind of thing. Like it even happens with my group of friends and stuff, I'm always the little one on edge. The one on the edge kind of thing.


I: Yeah, so, when you feel they are laughing at you, what does that kind of mean to you?

P9: [Pause] um, I view them as if they are like a really big group of people. Very big. I'm just one person, I'm kind of alone, very small. Um, and they are laughing at me kind of thing. So it's almost like, you know, like, a threat of power. A power threat. Even though it's not necessarily like a power threat.


P9: Normally, after being embarrassed it turns to like being ashamed. I know there are two points of view. One, 'why did you think like that?' kind of thing. Like don't do that to yourself kind of thing. And the other part was like 'ooh, maybe I did something embarrassing.' like, hide your face, kind of thing. Like, shrink.

P9: Um, so, anxiousness. I feel a lot on edge [laughs]. Very, as well, like, I'm very self-conscious. Um, I almost feel very small kind of thing. I want to shrivel away and hide [laughs] kind of thing.

P10: I think it's more situation about getting myself in that situation and being a push over and letting my friends interfere.

P11: I feel that there was a predetermination. So they already knew what was going to happen. So no matter what I would have said, it wouldn't have changed the course of the outcome. So that made me feel little. Um, there were untruths being said. So, um, [pauses] yeah. It's hard to explain.

P11: It made me feel very small.

I: Small?

P11: Small. And like, they were trying to disempower me. So I would just give in. The whole process was like that. So being sat there with the people who were trying to disempower me made me feel disempowered. But then also, having people who cared for me and loved me there made me feel empowered so sort of like-


P11: The feeling small, I'm quite a confident outgoing not nervous kind of person, and so for me to feel small is all the opposite of those things. I felt nervous, I felt anxious, I felt like I could sit there and cry, I felt all sorts of different things. It was not um, the complete opposite to what my character is basically, being small is, is completely taking myself and shredding it up into little pieces. Yeah.


## Theme 9: Negative concept of others

### 9.1: Negative attributes of others

8 participants, 16 codes

P1: Well it's probably completely incorrect, well it's definitely incorrect, but it does make me think like "oh people are so intolerant of the way I communicate and the way I react to things". Yeah it just makes me think that they're quite intolerant and, not stupid, but like something along those lines.

P2: I'm very aware, in the image, that I'm on high alert and looking for if this happens and then it does happen. So it kind of just makes me suspicious of everybody, particularly very loud people. I'm very aware, even when I do go out, I look around and am very aware of who's drunk or who's being quite loud, and if there is someone there who's being very loud and kind of obnoxious then it makes me uncomfortable because I kind of think "what if they start a fight, what if someone starts a fight with them?". And it's not… it makes me quite suspicious of people.

P2: The people in the image are just sort of angry people, they're just… I think because in reality it all happened so fast, I think in my image it's just people want to fight. Especially the men in this image, they're just after a fight, they're not fighting because of anything, they just want to

fight people. And I kind of feel that way about people in general, I feel that most people are good but you'll get the odd couple of people who are just out to be horrible and it's those that, if you bump into them, that's the problem.

P4: It's basically someone in work, who I used to work with before I moved down here. And she basically liked someone who I was seeing and it all started from there. And then it was like... she's a lot older, she's twice my age, and she was making up rumours about me in work and things like that. And then one day it escalated on a night out, and I didn't do anything I just said "I'm not doing this", but then from there it kind of… it didn't really die down. But, yeah.

P4: Well, number one that she's 40 but couldn't rationalise her own feelings and thoughts and talk about it normally. Number two, I'm disgusted in the fact of how she handled the whole situation, and then the fact again that I tried to talk to her about it and she wouldn't listen and just shouted instead. And number three how she tried to turn my own friends against me, it didn't work but she still tried and that's disgusting behaviour.

P6: Yeah, if we, if we are in a group of people, say if we're going out and erm, like my f- flat mates friends, they're [mumbles] I'm not keen on them. And erm, I don't think many of us are, but they're quite loud obnoxious in your face, and, I just, I can't cope with it, I hate it, but you kind of sit there and then you just drinking and you just can't get drunk. So I wouldn't, you know if I feel anxious at ten in the morning I wouldn't pull out a bottle of vodka, it's only if we are all drinking then I'd drink.

P6: I can't stand it there's always creepy old men there.

P8: I picture these people to be, like even though they are my friends I picture them to be kind of like nasty, kind of like persistent, when it is obvious that I don't want to speak about it, I just feel like they want to know, just quite nosy really… I just feel like they want to know what is going on and they won't let it go until they get an explanation, so they're quite nosy because of their own personality.


I: So you feel like they're quite persistent and nosy towards you?

P8: Yeah and to me that is quite like nasty behaviour, to put someone into more distress. Even though I picture these as my friends and I know they wouldn't, like I always think that that could happen, but I always picture it to be my friends, but I don't think they would ever do that, but it just worries me slightly.

P8: Like I said it is just too dramatic, it wouldn't happen like I always picture it to happen, like people might, it is quite normal someone asks you 'are you ok?' In a lecture, but like in my head, I picture them asking repeatedly and not letting it go, but if I say I am fine, they will probably just be like I am fine and just leave it.

I: Yes, the unknown does explain a lot. What about the unknown in relation to it not actually happening to you?

P9: Yeah! Because those people were saying things like that as if it was nothing.

I: The girls in middle school?

P9: Yeah, there could be other people who think like that as well and who are doing it right now, kind of thing.

P10: I felt a bit isolated, especially when they all went off to have fun and they left me talking to this very nice guy who I wasn't interested in. Trying to kind of you know, not interested. They left me in an uncomfortable situation. And they all went off and had fun.

P10: I'd probably say that the sadness comes from it because um, it's quite a nice memory, I was quite happy but it always feels like my friends ruined those couple of months of my life trying to be match makers when I wasn't interested. I always feel a bit sad, I always have that kind of 'oh, you kind of blocked out a good bit of summer by all trying to interfere-

P10: Ohhhh, he was really forward, really embarrassing, like he would um, if it was in front of my parents, he'd quite happily go to give me a kiss or something and it would all be like [raises hands in the air] it's just a bit too much. He was too much and too full on and he would have no problem doing that with whatever social situation.

I: Ok, and so that kind of made you feel-

P10: Really uncomfortable

I: Embarrassed when he sort of displayed too much affection?

P10: Yeah.

I: And I think you said he would still do it when it wasn't really needed?

P10: Yeah! And it didn't feel appropriate for me. Which sounds awful because some people don't care but for me. I still remember feeling embarrassed and I still remember when he went to do it in front of my dad, and my parents don't care. It wasn't anything outrageous, I mean, they wouldn't have cared anyway. I still remember, I was only about 15 and just that horrible feeling of embarrassment when he did it in front of them and it's just like [makes defensive hand gesture].

I: Where is the anger and annoyance directed?

P10: [Sighs] I think it's more situation about getting myself in that situation and being a push over and letting my friends interfere and then feeling like 'am I lying if I say I haven't had a boyfriend?' you know? Am I lying about that? Or?

P11: Um, there was a particular individual who was quite, um, hostile. Um, she was the person who basically orchestrated the whole case against me. Um, and she came in with this massive great big file and was getting quite agitated because people weren't sort of taking her seriously and all that stuff. She was getting quite vicious. And quite nasty towards me as well and I could just feel the rage, if you know what I mean?

## 9.2 Others having negative intentions

6 participants, 19 codes

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P2: Right, she came up to me and she said "did you call my sister a c***?", that's what she said. And I have no idea who this girl is, I've never met her before in my life, I've never seen her, I don't know who her sister is. So I just said "no, no…" and basically she was after a fight and I'm quite small, and I was still smaller as I was a lot skinnier back then, and she just basically beat the crap out of me for no reason whatsoever.

P2: The people in the image are just sort of angry people, they're just… I think because in reality it all happened so fast, I think in my image it's just people want to fight. Especially the men in this image, they're just after a fight, they're not fighting because of anything, they just want to fight people. And I kind of feel that way about people in general, I feel that most people are good but you'll get the odd couple of people who are just out to be horrible and it's those that, if you bump into them, that's the problem.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me" or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes. And another big one is like big vans and things like that. Like if there's a man doing something in the back of a van and the van door is open, this is going to sound really stupid, but I don't walk next to the van just in case like… I must watch too many films or something, but just in case they like grab you in. But it's weird like how if it's a mum getting a baby out of a car I don't feel that way, but with men and people who could probably overpower me I kind of worry. I always assume it's bad, so then I just avoid it, and then it's fine.

P2: Yeah, I mean I think that they were doing it just to start a fight and be horrible and hurt somebody basically. And whether they're angry about something else in their life and rather than take their anger out in a normal way they just want to go punch somebody else in the face.

P4: Well, number one that she's 40 but couldn't rationalise her own feelings and thoughts and talk about it normally. Number two, I'm disgusted in the fact of how she handled the whole situation, and then the fact again that I tried to talk to her about it and she wouldn't listen and just shouted instead. And number three how she tried to turn my own friends against me, it didn't work but she still tried and that's disgusting behaviour.

P8: I picture these people to be, like even though they are my friends I picture them to be kind of like nasty, kind of like persistent, when it is obvious that I don't want to speak about it, I just feel like they want to know, just quite nosy really… I just feel like they want to know what is going on and they won't let it go until they get an explanation, so they're quite nosy because of their own personality.

I: So you feel like they're quite persistent and nosy towards you?

P8: Yeah and to me that is quite like nasty behaviour, to put someone into more distress. Even though I picture these as my friends and I know they wouldn't, like I always think that that could happen, but I always picture it to be my friends, but I don't think they would ever do that, but it just worries me slightly.

I: Thank you so, you are quite worried about other people seeing your behaviours and watching people seeing them?

P8: Because I don't think they understand why, like most people don't really know too much about it, so they don't understand why I have to do things a certain way, so I think if they don't understand they will make fun out of it, rather than just ignoring it, they will probably take the mick.

P9: I think maybe from my past school, it was an all-girls school so you can already imagine how that must be [laughs], but um, yeah there were always this group of girls who were like kind of like the popular people or whatever, so they always would do anything and everything to bring people down. So they would just pick on people, and it didn't necessarily happen to me, like, I was just sat in front. I was always the one who kept to myself, quiet, like I'd rather not stand out kind of thing. But I would hear them like make fun of someone's hair or make fun of the way someone walked, and I think because I heard those things, I always imagined people would do the same to me. I just, I wouldn't necessarily hear about it, which is sometimes better [laughs].

P9: Um, I always view people like above me, I don't know why, it's a very silly thing. But I always view them like above me, and I always try to adopt the respect point of view. Like, 'respect them, you want them to respect you' kind of thing. So, don't do anything to, I don't know, make anyone feel bad or do anything to hurt somebody or something. So, but, sometimes I don't feel like they necessarily would do the same to me kind of thing. So, in some ways, like I do

feel people are like, not out go get you, but kind of like
that, you know what I mean? Like they don't have the same
views as I do kind of thing.


I: Yes, the unknown does explain a lot. What about the
unknown in relation to it not actually happening to you?

P9: Yeah! Because those people were saying things like that
as if it was nothing.

I: The girls in middle school?

P9: Yeah, there could be other people who think like that as
well and who are doing it right now, kind of thing.


P10: I remember being like really annoyed with my friends
because I felt a bit like, especially the girls, boys were
just being annoying. But I remember with the girls feeling
like, you know, you know I don't really like it when you just
all left me sat here having to talk to him, when he's like,
and I'm not interested. They could have helped, just like,
girl code a bit! That kind of, you've left me feeling really
uncomfortable and you've gone off, and you're all giggling
and laughing. A bit betrayed by them. I'd probably say.

P11: Quite yeah. [Places mark on threat VAS] I'd go quite
with the same with the suspicion because of um, it was going
to, well if they came back with a particular verdict, well,
they did some back with a final written warning verdict and
initially in that hearing. And that would alter the complete
course of my professional career. Because I would have to
declare the fitness to practice final written warning at
every job interview I ever went to.

P11: I feel that there was a predetermination. So they
already knew what was going to happen. So no matter what I
would have said, it wouldn't have changed the course of the
outcome. So that made me feel little. Um, there were untruths
being said. So, um, [pauses] yeah. It's hard to explain.


I: And you said, how you feel about them? What did you mean?

P11: That I know I said it was already predetermined, but I
felt like there was a conspiracy. So things had happened
before that meant that people had sort of liked me a little
less, and liked me a little less each time. And then they saw
an opportunity to say 'we can get her' sort of thing.

P11: Just, like, I was having to fight exam results and things like that. It was all sort of. I was having to fight exam results, I was kicked off the course at one point, I had to fight to get back on. Um, I was treated differently. I know you could say, from your opinion that you were treated differently but there were times where I was thinking 'that's really uncalled for'.

P11: Because I said about like predetermination and also um, I can't remember what word I used now. Um. Conspiracy type thing. So it is quite… I do find it very suspicious of the whole situations. The whole lead up, the whole time I was at the university, um, the whole situation, all my conversations that I've ever had with anybody at the university because things have fed in that normally wouldn't have expect to feed in, into the arguments that they've raised and you are just thinking 'well'. It makes you feel like there is somebody always watching you. So it was a very suspicious image and how people defended themselves and statements that were different. Do you see?

P11: Um, there was a particular individual who was quite, um, hostile. Um, she was the person who basically orchestrated the whole case against me. Um, and she came in with this massive great big file and was getting quite agitated because people weren't sort of taking her seriously and all that stuff. She was getting quite vicious. And quite nasty towards me as well and I could just feel the rage, if you know what I mean?

## 9.3 Others being untrustworthy

3 participants, 5 codes

P3: Er, I don't trust people erm I think they're thinking one thing about me but saying another and it makes me angry at those people for making me feel that way and…

P10: I remember being like really annoyed with my friends because I felt a bit like, especially the girls, boys were just being annoying. But I remember with the girls feeling like, you know, you know I don't really like it when you just all left me sat here having to talk to him, when he's like, and I'm not interested. They could have helped, just like, girl code a bit! That kind of, you've left me feeling really uncomfortable and you've gone off, and you're all giggling and laughing. A bit betrayed by them. I'd probably say.

P10: In the image, I still remember feeling a bit annoyed. Kind of [pauses] looking at them like trying to get someone to come over. Why are you all ignoring me? You kind of know, it's not funny. That was the thing like [pause]s [mumbles].

P11: [Pauses] Um, made me feel angry. It made me feel like I had no trust in institutions, I had no trust in processes that could happen. No trust in official processes, I'd lost all trust in anyone in authority. And I'm thinking like 'well, you're meant to be there to help or defend or provide support and I've been left totally on my own and allowed to muddle through this with no help from you at all'.

I: And you said that it was predetermined and planned which would explain the suspicion, and quite heightened. Would you say that your suspicion affects you now?

P11: [Pauses] To an extent. I try to sort of supress it. So, I always go 'what are you asking me that question for?' Or 'why are they thinking that?' and its altered my personality slightly to be more suspicious… And more judgemental as well. I'm more judgmental of them. Of what other people might be thinking. Um, and I've now made a conscious effort to um try and do the best that I can do so nobody can accuse me of something so I always like cover my back and that sort of thing.

**Experiencing and coping with imagery and anxiety**

**Theme 10: Experiencing intrusive imagery and anxiety**

### 10.1 Rationalising

7 participants, 27 codes

P1: I feel a kind of dread to see them again even though they probably don't even remember it.

P1: I mean, I think that in the situation I actually thought that people wanted me, were focusing on me, to help but in reality they probably weren't. I mean why would they? That doesn't really make sense for them to be doing that.

P1: Well it's probably completely incorrect, well it's definitely incorrect, but it does make me think like "oh people are so intolerant of the way I communicate and the way I react to things". Yeah it just makes me think that they're quite intolerant and, not stupid, but like something along those lines.

P2: At night time. Or if I know I've got a lot on during the week, or if I know I've got something planned that's out of the ordinary… like I don't go out downtown of a night-time for example, one because I've already done it, but if I do

say have a night out planned say on a Friday then on the Monday I'll start every so often getting flashes of "I hope a fight doesn't start" or "I hope something bad doesn't happen". Then I'll think "oh don't be silly" so I'll try and, if I do go out, try and be home by about midnight, I won't stay out late. But it normally starts at that start of the week, and then it'll build, but then to be fair normally by the actual day it's kind of gone again because I just think "oh you're being silly". But my imagery tends to be when I've got something coming up.

P2: I think the fact that I actually think it makes me embarrassed, because I know… there's a part of my brain that knows it's not rational, I know that that's not going to happen every time I go out, but that doesn't stop me thinking that it might happen every time that I go out. So I just kind of feel embarrassed that I think that way in the first place.

P2: It's more general in that it'll be things like "what if a man comes after me and hurts me?" because again I am small. "What if he hurts me in a different kind of way?" or "what if it's sexual or something like that?", it's weird because it's not so much physical violence anymore it's more that sort of thing that scares me. I don't actually think that someone's going to come up and punch me in the face, I don't know why I just don't think that's going to happen, but I feel like that other side of it is more likely to happen even though I know it's not rational.

P2: Yeah because of that and the other stuff that's happened in the past, like with that girl in the park that was kind of out of nowhere, I kind of just assume that… people can make me anxious sometimes if they're doing something a bit out of the ordinary. So a big one for me is if I'm walking on my own somewhere and there's a guy who just happens to be walking the same way as me, but if he… even if he's walking against me… if I have to pass him I worry like "what if he grabs me" or something. There's no logical reason for that because he could be a nice person, and he might not necessarily do that, but for some bizarre reason that's where my brain goes.

P2: Yeah, I mean I say I don't do it now but I actually do. I walk with… I put my keys in my hand if I am out alone at night somewhere, I have my keys in my hand like as a defence thing. I don't know why, I know that nothing's going to happen but I feel more comfortable that if something did happen I've kind of at least got something to protect me.

P2: Yeah, like I know in the rational side of me it doesn't make any sense, but for me it's almost like a comfort thing thinking "ok, I'm out on my own, but I've got my keys." So if anything were to happen at least I've got that little bit of something to help me. I'd never go as going out with an actual weapon, or something like that, but there's that

little bit of almost defence that sort of makes me feel a bit more comfortable about going out.

P5: Yeah it is the lack of reason, because it is such a stupid thing just not being able to perform in front of people it is like, deep down you know they are not going to laugh at you, most of the time just sat watching, you don't really care what is happening [laughs] and it is actually the same when they watch you, but then you worry about it, it just makes no logical sense. It is just completely illogical to feel, the way which I feel in the image.

P7: I don't know what people are thinking about me, and it would be wrong to say they are saying bad things behind my back because that is either not true, or it's true, but I don't know that as I don't have any evidence for it… but I will always be sort of a little bit paranoid about what they could sort of potentially say-

P7: Umm, I would say that my beliefs about other people in terms of, thinking about the image, I would just think that they're normal people, with not a lot of, umm not a lot of issues, not a lot of social anxiety, which I can't judge because I don't have any evidence for it.

P8: I can hear them saying, 'oh are you feeling ok?' And they sound genuinely concerned, but I don't know, even though they are my friends I don't want to speak to them about that sort of thing, I don't really tend to talk to people about when I panic and stuff like that, I am not the best at sharing my feelings and stuff.

P8: I don't know if it makes me feel angry at myself either, it doesn't make me feel angry at other people because I know that they, like genuinely care, when they are asking how I am, so I am not angry for them being persistent.

P8: I feel also, a bit ashamed because I am now colouring my own picture of my friends as well, like I am portraying them to be nothing like they actually are, so I feel like guilty, because I know they are not like that, but that is how I picture them, so I am like ashamed at myself for doing that.

P8: It is way more dramatic, like I have made it, like I think that people are really gonna notice, when they probably won't. I think they will like make fun when they probably won't care if you know what I mean.

P8: Like I said it is just too dramatic, it wouldn't happen like I always picture it to happen, like people might, it is quite normal someone asks you 'are you ok?' In a lecture, but like in my head, I picture them asking repeatedly and not letting it go, but if I say I am fine, they will probably just be like I am fine and just leave it.

P9: I feel like they are focusing on me, when even though, necessarily, they're maybe not. I feel watched, kind of thing.

P9: I still feel a little bit nervous, a bit on edge, like feel like people are watching me even though maybe they're not necessarily watching me. Erm, and yeah eventually just get through it and I just start changing my perspective so like I say 'maybe they weren't necessarily laughing at me, someone just said something funny', like that's what has happened to me personally, I've laughed when someone walked through and it's not necessarily like at them you are just laughing at the conversation and they just happen to be passing at the same time and stuff like that.

P9: Okay, normally, I just realise it's happening kind of thing. I normally just sit myself down, take a minute to like breathe [laughs] cos I deep breathe a lot to kind of pass the anxiety kind of thing, um. I then just normally it creeps up in my mind two or three times after it. So, it 'ohhhhh' I cringe about it a little bit. Um. And then once I do, I kind of mentally tell myself like 'stop, it's just one situation', like tomorrow they won't remember it happened. Like, let it go. And eventually, like I do let it go, it just takes me like a while.

I: Okay, so what kind of makes you feel sad when you see the image?

P9: That I put myself in that position kind of thing. That I think that they are laughing at me and I make myself feel so self-conscious and anxious when maybe necessarily they aren't laughing at me, they are just laughing at something silly that has happened or a picture they are looking at on a phone. Um, a lack of self-confidence and what I do to myself in that position. My way of thinking, pretty much.

I: Okay, thank you. Um, yeah, like you said, it hasn't happened to you?

P9: Yeah. It's just a worry or if I hear people laughing it just triggers that off. But it doesn't necessarily mean that it's happening.

P9: Um, I always view people like above me, I don't know why, it's a very silly thing. But I always view them like above me, and I always try to adopt the respect point of view. Like, 'respect them, you want them to respect you' kind of thing. So, don't do anything to, I don't know, make anyone feel bad or do anything to hurt somebody or something. So,

but, sometimes I don't feel like they necessarily would do the same to me kind of thing. So, in some ways, like I do feel people are like, not out go get you, but kind of like that, you know what I mean? Like they don't have the same views as I do kind of thing.

P9: Um, not that I can actually recall. Um, I've just always been very self-conscious. I always tend to over-worry about what people might think about me even though it's not that big of a deal, like I shouldn't worry about it like that. So, I've always been very shy, very self-conscious. I've tried lately to step out of my comfort zone, you know, do a bit more, but, it's always been… I've always been self-conscious. I tend to over worry a lot, about everything.

P10: I feel angry at that. I feel like, so, bit that gets me annoyed. Well, no, it doesn't get me annoyed, that sounds so stupid. It's that I feel like now, when I talk to my boyfriend, it's like oh, he's got his exes. I don't have an ex. But I do have this guy, that I kind of dated that I didn't want to date and then I feel [stops self from swearing], then I get a bit annoyed with my friends that they put me in that situation. Not that my boyfriend cares, he's a bit like, what are you on about? [Laughs] He's like 'that doesn't really count, you were at school, like that's not what I meant'. And I'm like 'yeah, but, that-' And then I feel like I am trying to explain myself and I don't want to.

P10: Oh yeah, so I can think of things from, something stupid from when I was 15, um, I'm trying to think of like an example of it. So, um, I'll think of something I've said to someone and they've misunderstood and I've upset them and I can think about that, and I'll relive it and I'll still feel embarrassed. And it can be something from years ago, from someone who doesn't even remember it?

P10: The thing is like, most people, like, don't remember. I've had that before with my parents and I've said 'oh I'm really stressed about when I've said this' and they say that they don't even remember that happening… I've put a big thing on it that it's a big deal and they don't even remember.


## 10.2 Possibility of feared events

5 participants, 14 codes

I: And do you think that that's tied to a particular mood? So do you think when you're in a certain mood you're more likely to be worrying about those things so those images crop up? Or do you think it's more based around, like you said, an event that's coming up?

P2: Yeah, more the event, because it could happen.

P2: I'm very aware, in the image, that I'm on high alert and looking for if this happens and then it does happen. So it kind of just makes me suspicious of everybody, particularly very loud people. I'm very aware, even when I do go out, I look around and am very aware of who's drunk or who's being quite loud, and if there is someone there who's being very loud and kind of obnoxious then it makes me uncomfortable because I kind of think "what if they start a fight, what if someone starts a fight with them?". And it's not… it makes me quite suspicious of people.

P2: Yeah, I mean I say I don't do it now but I actually do. I walk with… I put my keys in my hand if I am out alone at night somewhere, I have my keys in my hand like as a defence thing. I don't know why, I know that nothing's going to happen but I feel more comfortable that if something did happen I've kind of at least got something to protect me.

P5: Um, yeah definitely, before I started having it, I was fine with like presenting and stuff, but now I have it, it is like, as much as I know it won't happen, I am just like I could mess up, it could be a thing, and that just makes me anxious, so I will always opt out now, so if it is like group work and we're like presenting in a group, I don't know I will like click the slides through on a computer so I am not in direct view point of other people then I will like, oh I will do all the background work, to make up for the fact that I'm not standing up and presenting, but I will be the one who is like sat down in the corner so out of like, view point, because I don't mind that people know that it is my work, but it is just the act of standing up in front of people I will be like 'nah I am not down for that'.

P7: I don't know what people are thinking about me, and it would be wrong to say they are saying bad things behind my back because that is either not true, or it's true, but I don't know that as I don't have any evidence for it… but I will always be sort of a little bit paranoid about what they could sort of potentially say-

P8: As soon as I start, like panicking, the first thought is what are other people going to think, like that is the first thought that comes to my head and then as soon as that happens, I think 'right I have to stop this' and it makes it worse to be fair [laughs] because then you are like trying to control your hands, and that makes it worse, but yeah it is like straight away, rather than I don't wait until people are looking at me, if you know what I mean like as soon as I notice myself doing it I think, someone is going to turn around and see you in a minute, kind of thing.

P8: I would say about 75, because I feel upset with myself but I feel like it wouldn't be 100 [places mark on sadness

VAS] because I don't think it is going to happen, so I know that I should just let go of this image, but it does make me feel quite upset knowing that it could happen [laughs nervously].

P8: It could happen at any time, basically but I am not expecting it to happen, if you know what I mean.


I: So we didn't talk about that one, but could you just elaborate for me, what specifically makes you feel threatened?

P8: I feel threatened in the sense that, because it could happen, like in that situation I would feel very targeted because everyone would be looking at me

I: So what specifically in the image do you feel threatened by?

P8: People looking at me.


I: So you feel like they're quite persistent and nosy towards you?

P8: Yeah and to me that is quite like nasty behaviour, to put someone into more distress. Even though I picture these as my friends and I know they wouldn't, like I always think that that could happen, but I always picture it to be my friends, but I don't think they would ever do that, but it just worries me slightly.


P8: There is always that possibility that it could happen. So that keeps the worry ticking over if you know what I mean.

P8: Well they haven't, but I worry that they would, but if a stranger did that I wouldn't care if they did as much, because that is their opinion, they don't mean anything to me, I don't mean anything to them.

P9: Probably would be about why do people think like that, what are people thinking about. Like, yeah, I always kind of think about what they could be thinking or why they are looking at me. Or like why they are turning their heads at me, little things like that.


I: So we didn't talk about that one, but could you just elaborate for me, what specifically makes you feel threatened?

P9: I feel threatened in the sense that, because it could happen, like in that situation I would feel very targeted because everyone would be looking at me

## 10.3 Catastrophising

4 participants, 10 codes

P1: I plan things out in my head before I do them and so if it doesn't go to plan I'm just like "wow, ok, that was terrible". When really it probably wasn't that terrible at all… but yeah.

P1: We had like a weird kind of argument thing… well we didn't have an argument but one of his friends was crying and I didn't know what to do and yeah it was like "oh shit".

P5: I don't really know, as much as I feel in the image I always feel really separate from it, it is like the worst version that I can be, so I don't really feel like it reflects much on myself, but when it happens I am always like 'oh really again?' so it makes me feel like, kind of annoyed at myself for like thinking it, yeah pretty much annoyance, because I feel quite separate from it most of the time because usually I am quite confident, as a person, but then it will just pop into my head and I will be like 'why?' I don't need this brain so please don't [laughs nervously] but apart from that I don't think it reflects anything.

P5: So standing in front of people and getting something wrong, and then losing my train of thought and not then not knowing what I was talking about, and having to go back, and then it being a marked presentation or something and just being graded, then I'll like freak out and I'll be like 'oh god' I have disappointed them or I won't be getting what I want, or like it just can't, it freaks me out, I hate it, I hate the idea of it. So yeah it is usually if I like mess up and then because I mess up, or forget something, the rest of it I can't remember. So it is like one thing coming into a much bigger thing. Like if I just messed up and picked it up again that would be fine, but just getting flustered, being too nervous, and then forgetting everything else [laughs nervously].

P8: Erm as soon as one person asks me 'are you ok?' I just picture everyone else turning, I don't know because they have said it quite loudly or something, and then everyone started to look at me, and it is quite awkward. I always think of it happening in a lecture theatre for some reason, I don't know why, a lecture theatre is always where I would probably like panic the most, it has not happened really but, I always think that the person next to me [breathes deeply] and then

like the whole row and yeah, that worries me a little bit. [Laughs nervously].

P8: It is way more dramatic, like I have made it, like I think that people are really gonna notice, when they probably won't. I think they will like make fun when they probably won't care if you know what I mean.

P8: Like I said it is just too dramatic, it wouldn't happen like I always picture it to happen, like people might, it is quite normal someone asks you 'are you ok?' In a lecture, but like in my head, I picture them asking repeatedly and not letting it go, but if I say I am fine, they will probably just be like I am fine and just leave it.

P8: Well as soon as the person asks me am I ok, everyone else starts to worry, and then they start to turn, I say I am fine, but that is not very believable [laughs nervously]. So it is the idea that it is the people asking you the questions and then everyone else notices, and starts to get involved [laughs nervously].

P10: So where I've made mistakes at work and I still remember this like, we had a Valentine's, um, set menu kind of thing in a restaurant I worked in, must've only been 17 and I took it to the wrong table and it all went like [raises hands in the air] like, really bad. And I can still remember doing that and it's still horrible.

P10: The thing is like, most people, like, don't remember. I've had that before with my parents and I've said 'oh I'm really stressed about when I've said this' and they say that they don't even remember that happening… I've put a big thing on it that it's a big deal and they don't even remember.

## 10.4 Impact of intrusive imagery

### 8 participants, 12 codes

P1: Being in groups, I'm very bad at being in groups, I mean talking one on one like this is quite easy for me because I guess I'm good at it, I don't know. But in groups I'm not very good at it at all. And because I just avoid it I don't practice it I'm at the stage where if someone else just came in now I wouldn't be able to communicate because I just don't know how. So it makes me avoid doing that even more, and avoiding them, the people in the image, which is a problem in my relationship.

P2: Not that exact image, but it's the same kind of violence thing… I mean not now but about 6 years ago my anxiety was quite bad and I can remember I was on holiday and this particular barman kept talking to me. And it was a very quiet resort, with not many people there, and for some bizarre reason I got it into my head that he might try and hurt me. It sounds so stupid when you say it back, but it made a lot of sense in my head at the time, and I actually went out for an evening meal and… oh it's so pathetic… I put a fork in my bag just in case he was in the room when I got back. And that was at a point where I was like "Ok, this is getting a bit silly now", so I did go to the doctor I think after that and get it sorted. But not so much now, but there has been times where it's made me do something. I mean that's just bizarre, that's just weird, but at the time it was just so… the anxiety was so overwhelming and I was just so convinced that something bad was going to happen if I didn't have a weapon on me. It's stupid really.

P3: Erm, it depends, if it pops into my head if I'm on my own then not really I can sort of work through it but if it's when I'm having an argument with somebody or something I do tend to get angry and that results in either lashing out with words or I, not get violent, but I throw things and things like that.

P3: Erm, just, I would say more like despair, it just makes me feel upset that I feel that way and like it affects my life and things like that.


I: Ok. Ok great and then a little bit further down the line and you've had a day or a couple of days with those images popping into your head is there anything you'll avoid doing, will having that image preoccupy your mind and make you not want to do anything?

P3: Yes. I don't go out and do social things if I have erm plans set to meet friends and things I'll cancel them.

I: Ok so it will make you not only not want to do it but you'll actually follow through with that?

P3: Yes.

I: How often would say that it sort of gets to that point where it's making you feel like that?

P3: Erm several times a month maybe.


P4: It might make me less inclined to talk to the people who were kind of close to the situation, like obviously friends here don't know anyone from there, but if they were all say

talking about the weekend… I wouldn't avoid going out on the weekend if she was going to be there, but I wouldn't want to talk about it all week as much if I'd been visualising it already. I'd kind of want to stay a bit more distanced from the situation.

P5: And it can last for longer, or leave me like, if it comes to my head and it is quite apparent and quite in your face and big in your mind, then for the rest of the day I will feel kind of uneasy and just very what is it called? [pauses for thought] When you feel really jumpy and not at ease it will make me anxious for the rest of the day and will make it worse, if I am already anxious.

P5: But, if it is the actual event, then all the same things will happen in the image, like in real life, so I will get like clammy hands, I will feel super super sick, I won't be able to eat, drink, everything the same will happen. But if it is not that specific event taking place, then it will just be much more mild, quicker versions of all the things that I get in the image.

P5: Um, yeah definitely, before I started having it, I was fine with like presenting and stuff, but now I have it, it is like, as much as I know it won't happen, I am just like I could mess up, it could be a thing, and that just makes me anxious, so I will always opt out now, so if it is like group work and we're like presenting in a group, I don't know I will like click the slides through on a computer so I am not in direct view point of other people then I will like, oh I will do all the background work, to make up for the fact that I'm not standing up and presenting, but I will be the one who is like sat down in the corner so out of like, view point, because I don't mind that people know that it is my work, but it is just the act of standing up in front of people I will be like 'nah I am not down for that'

P7: Yeah it does make me sort of paranoid, and influences my actions in how I come across as a person.


I: So in terms of thinking about the image you described, when you experience that image intrusively and recurrently, does your heart rate increase then as well?

P8: Yeah just like thinking about that, it doesn't even need to happen, just in those 20 seconds, it started increasing yeah.


I: And you said that it was predetermined and planned which would explain the suspicion, and quite heightened. Would you say that your suspicion affects you now?

P11: [Pauses] To an extent. I try to sort of supress it. So, I always go 'what are you asking me that question for?' Or 'why are they thinking that?' and its altered my personality slightly to be more suspicious.

## 10.5 Emotional reactions

6 participants, 9 codes

P2: I think the fact that I actually think it makes me embarrassed, because I know… there's a part of my brain that knows it's not rational, I know that that's not going to happen every time I go out, but that doesn't stop me thinking that it might happen every time that I go out. So I just kind of feel embarrassed that I think that way in the first place.

P3: Erm, just, I would say more like despair, it just makes me feel upset that I feel that way and like it affects my life and things like that.

P3: Yes and just angry at myself.

I: Which parts of it make you feel angry?

P3: That I believe it.

I: So the fact that you can't find any logical reasoning, behind the way that you feel, that makes you feel embarrassed? Is that right?

P5: Yeah almost, like you think you should be smarter than that, like you should be better, but then you're not and it is like, come on why?

P5: Yeah so it would mainly be annoyed, I am never scared or fearful, but I am just like anxious and I don't know disappointment, so when it comes in I will be like 'oh really again, I thought I had got past this' but never anything like anger or sadness, so just annoyance and disappointment I would say.

P7: Um, It makes me feel uh, at the time it makes me feel, I will repeat it again, slightly anxious and maybe a little bit lower at the time, thinking why you are experiencing, why you are so nervous, that's what I am asking myself, but sometimes it is hard to sort of control in terms of when you yeah, basically it is sometimes quite hard to control when it [pauses to think] [places head in hands] I can't explain it…

I: The next one is how embarrassed does the image make you feel?

P8: Um I am going to have to go for 100, because it just like embarrasses me completely, like even thinking about it [places mark on embarrassment VAS]

I: So what is it about the image that makes me you embarrassed?

P8: And I also feel embarrassed in the fact that I even think about this image because it won't happen, like I am embarrassed in both ways, inside of the image, and even like thinking about the image [laughs nervously and plays with hands] yeah 100.

I: Ok, so the idea of the image becoming reality, makes you feel embarrassed-

P8: Because I focus on it so much and I think about it so much, I am quite embarrassed that I keep going back to that.


P8: Um, I feel like, quite ashamed, that I have let it build up to this point, I would say about 60? [Places mark on shame VAS].

P9: Normally, after being embarrassed it turns to like being ashamed. I know there are two points of view. One, 'why did you think like that?' kind of thing. Like don't do that to yourself kind of thing. And the other part was like 'ooh, maybe I did something embarrassing.' like, hide your face, kind of thing. Like, shrink.


I: Okay, so what kind of makes you feel sad when you see the image?

P9: That I put myself in that position kind of thing. That I think that they are laughing at me and I make myself feel so self-conscious and anxious when maybe necessarily they aren't laughing at me, they are just laughing at something silly that has happened or a picture they are looking at on a phone. Um, a lack of self-confidence and what I do to myself in that position. My way of thinking, pretty much.

**Theme 11: Coping with intrusive imagery and anxiety**

**11.1 Distraction**

6 participants, 7 codes

P1: I try and get it out. Well I don't know, it depends. If we're talking about this specific image we were just talking about then I just try and get it out, because I mean I've thought about it enough. I've gained all I can from it now that I don't need to think about it anymore.

I: Ok, and when you say "try to get it out" what sort of stuff would you be doing?

P1: Sort of… [shakes head as if physically shaking out the thought]

I: Ok, so would you say you try and distract yourself from it or –

P1: Yeah, I'd distract myself or think about something else or like a different situation [laughs].


I: So immediately after the image pops into your head you are saying if you are on your own and it just pops in you will try and distract yourself?

P3: Yes.

I: What will you try and do?

P3: Er think of something else, put music on and sing to music and things like that.


P4: It depends. If I let it go on and I'm thinking about it for more than, I don't know, 30 seconds or something? Then I feel like all those feelings surrounding it are allowed to build. Whereas if I'm consciously more aware that I'm thinking about it, and I stop myself, then the conversation with my friends and stuff doesn't get affected at all.

P5: Yeah or like, block it out my mind, so it'll come and I will be like 'go away' and I will manage to block it out my mind for a bit.

P9: Okay, normally, I just realise it's happening kind of thing. I normally just sit myself down, take a minute to like breathe [laughs] cos I deep breathe a lot to kind of pass the anxiety kind of thing, um. I then just normally it creeps up in my mind two or three times after it. So, it 'ohhhhh' I cringe about it a little bit. Um. And then once I do, I kind

of mentally tell myself like 'stop, it's just one situation', like tomorrow they won't remember it happened. Like, let it go. And eventually, like I do let it go, it just takes me like a while.

P10: Um [pause] now I've gotten to the point with that one, that I can probably just put it into a shell. And just go 'no, not going to think about that'. And I'll kind of box it up. And it feels like I'm physically boxing it up and just. Cos there's loads of them, that's just one of many embarrassing and awful memories that pop up. Not just about him but just in general. Yeah I always feel like I just have to physically have to sometimes put it away if it's getting a little bit too embarrassing I'll pop it, push it back.

P10: Um, [pause] just getting distracted. It would have to be distraction, that's the best thing. Not so much with that memory, when I was at school it was a big thing, I just had to be distracted when I thought about it, just because like [makes disgusted noises]. That's the only way to do it, just to do something off topic that had nothing related to it.

## 11.2 Social support

3 participants, 5 codes

P4: Yeah, just after it all happened I started to look a bit more inwardly and thought about I could have handled it differently, like maybe it was my fault. But talking to other people about it, even people that weren't involved, they all said "oh my god, no, I'd have done the same thing" or whatever. And I thought about it, and spoke about it, and rationalised it with myself and my mum who works there… and I thought "no, I tried, and I couldn't have done anything differently" so then it became more aimed at her [laughs].

P7: I am walking to another person's flat maybe, I am knocking on their door with friends obviously, with a couple of friends maybe, which slightly calms me down a bit, who they might know or not know, then depending on whether you know or don't know the person, the anxiety levels may go down or up. They may go down if you know the person, they may go up if you don't know the person. But then you turn right to the kitchen, or turn left to the kitchen, uh depending on where they are having the pre-drinks etc. umm and that is when anxiety levels sort of go quite high because there are a load of people you sort of don't know and have never met so you want to make a good impression and I can imagine myself not knowing who to talk to apart from my friends and who do I approach, who do I approach? Who do I sort of meet sometimes, and sometimes trip over words, that does happen [breathes deeply].

P11: It made me feel very small.

I: Small?

P11: Small. And like, they were trying to disempower me. So I would just give in. The whole process was like that. So being sat there with the people who were trying to disempower me made me feel disempowered. But then also, having people who cared for me and loved me there made me feel empowered so sort of like-

I: Oh. And you send you felt empowered from your family as well, so how does-

P11: Um yeah so because they've heard everything that's happened and they still believed me, they made me feel like I could sit there with them and argue my case and be um, be right. And not feel worried about being correct.

P11: Yeah, a panel of people sat in front of me. About… there was 5 people sat in front of me, and there was a sectary over there [gestures behind] so person advising the panel and all that. And then the people who- different witnesses and different presenters of the case and all that sat beside me. And then I had family members sat with me because they wouldn't allow me any representation, I'd had to- it was either student union, who would know nothing about it or a friend. And I was like 'no', I'll have some family in with me. So I had my father and my mother sat either side of me.

## 11.3 Positive thinking

### 3 participants, 3 codes

P7: Um, when I experience my image, it is just I sometimes use this image as a sort of preparation of what could happen, and it can make me feel either a little bit low, or either motivated to say, I am gonna do better than that [laughs] so use it as a source of motivation which is what I have sort of been taught to do in terms of mental imagery.

P7: If I am going out, and if I feel more relaxed and in a good mood, it can possibly be used as a source of motivation, to say I am a much better person than this, I can be socially able, I can be whoever I come across to be, I can be a normal person that I strive to be.

P9: I try to turn it positively. So, I'm like, if you don't fit in anywhere like, that has to be something good, like, you don't conform to like, the standards and means of society. So, good things come from that, like people who are different normally get recognition, you know?

## 11.4 Dissociation

2 participants, 2 codes

P9: I switch between the three. So, like, first it kicks in like myself walking in and then like 'oh, they are looking at me' kind of thing. Um, so, it is from my personal point of view. Then it switches to like, what they must see, so, they must see me walking down the aisle, all nervous. So it switches to like, someone else, kind of thing, allowing me to view both, like, it's a way, it's a thing that I do to calm myself down a bit. Like imagine it from different people's perspectives. So it's not necessarily that you are looking at someone badly, it's just, they're walking through at that time or whatever.

I: Ok, so when do you tend to see it through fly on the wall?

P11: Um, if I'm trying to depersonalise from it, if you know what I mean? So I'm trying to be objective about what I'm remembering. So if something comes in as intrusive, I try and objectify what's happening. And then, yeah.

I: What do you mean by that?

P11: So, take my emotions out of it. So if I'm say getting quite stressed about it I try and take myself out of the situation and can see it differently.

**Appendix 6: Reflexivity statements**

**Data Collection.**

*Overall statement.*

The three interviewers were final year Psychology undergraduate students who had work experience in a clinical setting. As a team, we considered the impact that knowing (or making assumptions about) the interviewers' backgrounds may have on the study. Specifically, this may have impacted the ways in which participants chose to express themselves, their expectations of the study, and their willingness to speak openly and honestly about their experience. We considered the ways in which the power dynamic between the interviewer and the interviewee could have influenced dialogue. For example, though the interviewers were also undergraduate students, factors such as their age, voice, appearance, and demeanour may have prompted participants to express themselves in a certain way. This power dynamic was partially addressed by conducting the interviews in a comfortable setting resembling a domestic sitting-room and building rapport between interviewer and interviewee. Similarly, due to the nature of the interview, it was important to consider participants' expectations of both the study and the interviewer. It was especially important that the participants did not see the interviewer as a therapist nor expect to gain any psychological benefit from participating in the study. To address this, interviewers thoroughly ensured that participants understood the nature of the study during briefing (i.e. that it was a research study conducted by undergraduate students who were not trained therapists). However, this is not to say that implicit expectations did not persist, nor that participants' moment-to-moment

feelings about discussing their experiences, either positive or negative, did not affect their answers to our questions.

I also considered the influence my own role as supervisor / team leader could have had on the data via my relationship with the interviewers. I was aware that as team leader, interviewers may have wanted to please (or indeed displease!) me. This could have affected the way they conducted their interviews. This was of particular concern as the interviewers were aware that I had developed the theoretical framework we were investigating. To minimise this, I frequently emphasised the importance of researcher integrity in data collection. I also emphasised that the objective of the project was to explore the research question rather than prove or disprove any hypotheses. I made it clear to the interviewers that it did not matter whether the results supported or refuted the theory, as long as the research question was investigated thoroughly and authentically. I trained the interviewers to listen carefully and allow their responses, and the direction of the interview, to be driven by participants rather than their own preconceptions. I also observed them conducting several mock interviews to ensure their conduct was as objective and unbiased as possible. However, these measures did not rule out the possibility that their underlying perceptions of me or our relationship did not in some way influence the interviewers' conduct and therefore the participants' responses.

As a team, we were acutely aware that the topics covered during the interview could potentially be quite sensitive and distressing. We discussed that while we wanted to encourage honest and open disclosure, it was important from an ethical standpoint that participants did not discuss anything too upsetting. It was imperative to protect both the interviewers and the interviewees from psychological distress. This was achieved by maintaining balance between allowing the participant to make

relevant associations and elaborations while carefully steering the discussion back towards social mental imagery when more upsetting topics were broached. However, any associations arising to the participant during the course of the interview, whether voiced or not, may have influenced their answers. To minimise the potential for any distress, we ensured that participants fully comprehended the nature of the interview before consenting to participate. Participants had ample opportunity to ask questions beforehand. Interviewers were attentive throughout for signs of distress. If in doubt, they offered to pause for a break or stop the interview. Participants also completed two separate mood reversal tasks before being thoroughly debriefed. No participants became distressed during the interviews or exercised their right to withdraw.

Equally important was the wellbeing of the interviewers, who were at risk of hearing potentially emotionally distressing disclosures. They had experience of diagnostic interviewing in clinical settings. Nevertheless, as supervisor / team leader I ensured that the nature of the project was made clear to the interviewers from the start. They were frequently reminded of the sorts of issues that may be raised during data collection and the need to exercise self-care. For example, if they became uncomfortable, interviewers were told to end studies in a way that would be acceptable to both interviewer and participant. Interviewers were prepared to signpost participants to relevant mental health or university services where appropriate. I did not sit in on their interviews to avoid disrupting the dynamic, but I was on campus and accessible during data collection in case interviewers needed my assistance. Interviewers were debriefed after their interviews both individually and as a team. None of the interviewers felt the need to stop their interviews early. However, their moment-to-moment emotional reactions to participants' disclosures, along with any personal issues that may have been raised, may still have affected

their responses to participants. This, in turn, could potentially have influenced participants' subsequent disclosures.

### *Individual statements.*

*Interviewer 1*

The reflexivity cycle relates to the ways in which the researcher and the processes undertaken during the research could have impacted the data. Both before and during my psychology degree I always had an interest in finding out more about social anxiety. The interest roots from experience with close friends who suffer withvarious mental illnesses; with social anxiety being a significant aspect of their lives. This past experience could have influenced the data acquired as engaging with the participants in an understanding face-to-face manner could have influenced them to be more open and willing to share their experience. However, to avoid the interference of past background and theoretical knowledge within the interview, a semi-structured interview was used which allowed the participants to first provide information and for the researcher to ask more specific questions based on their given information. Questions within a fully-structured interview could have primed the participants into saying certain information. Moreover, as the interview was semi-structured, it meant the participant had an element of power to steer the interview a certain way depending on the information they wished to reveal.

In addition, the room was chosen specifically for the research as it resembled that of a living room and encompassed a friendly and welcoming environment to ensure that the participants felt as comfortable as possible. However, the topic of exploration notably was an area of distress for the participants and there was an awareness of the possibility that it could potentially provoke anxiety and discomfort

upon disclosure of the mental imagery they experience. To counteract any upset, the participants were given a clear explanation of the brief and what would be required of them. They were also given the opportunity to withdraw from the experiment or stop the interview at any time. Following the end of the interview, the participants took part in two mood reversal measures and were walked through the debrief in depth. The debrief contained further links for any advice about mental health concerns and the emails of the researcher and supervisors to ask any additional questions not already asked at the end of the interview.

It was important to maintain a researcher and participant relationship, however, at times it was hard to stick to this. Occasionally the tendency to engage with the participant in a conversational manner was inevitable when the participant made jokes or signs that they were comfortable during the interaction. This may not have necessarily impacted the results negatively however at times may have encouraged the likelihood of accidental leading questions.

Finally, it was a possibility that participants had their own agenda to sign up for the experiment. For example, they may suffer with social anxiety and the experiment could have been a potential opportunity for them to further their understanding about themselves and their illness. To avoid this, a small amount of information was provided upon signing up to the study. The participants were also screened to ensure that they do suffer a subclinical level of social anxiety. It was also made clear throughout the study that it was an interview investigating a subclinical level of social anxiety and paranoia and that the study was not by any means an opportunity to be diagnosed with a clinical disorder.

*Interviewer 2*

Due to the nature of this research and its handling of sensitive topics via face-to-face contact with participants certain considerations were necessary. Firstly within the interview itself care was taken to avoid the use of leading questions or other researcher behaviours that may have elicited bias's within the answers given by participants. By doing this it was hoped that any pre-interview assumptions, or desires to obtain certain results based on predictions, would not impact my results. Consideration was also given to the lack of 'social distance' between researcher and participant as both were undergraduate students at the same university. Whilst the sensitive nature of topics discussed within interviews necessitated participants feeling comfortable speaking with the researcher, a balance was struck in order to maintain the researcher status and prevent the interview descending into an in appropriately conversational style. Throughout this research we were aware of the potential for psychological harm within participants as a result of discussion potentially distressing topics. This potential was minimised by ensure participants were aware of what would be discussed from the time they signed up, giving participants the opportunity to pause/stop their interview session at any time, and by providing details of where they find psychological support within the debrief. Finally whilst this research was conducted by a sole researcher, regular meetings with others undertaking similar projects were used in order to combine perspectives and prevent individual opinions and interpretations from being too heavily prevalent within analysis.

*Interviewer 3*

The convenient sample used in the present study where participants were required to take part in research in order to pass the course, should be considered when interpreting the results. One issue which arouse when interviewing participants face to face, was maintaining a professional relationship whilst also building the appropriate rapport in order for the participant to feel comfortable. In order to overcome this issue, I engaged each participant in an informal conversation, before I began the recording in order to ensure they felt relaxed and prepared for what the interview would involve. I believe my role as an Honorary assistant at the Brain Injury Rehabilitation Unit enabled me to develop the skills of building the appropriate relationship with patients. This role also allowed me to work with an individual who experienced severe anxiety after their Brain injury, I engaged in gradual exposure therapy (Borkovec & Sides, 1979) with this patient and ACT therapy (Hayes, Strosahl, & Wilson, 1999) in order to support her self esteem. I do believe that working in this clinical setting shaped the manner in which I conducted my interviews. Open questions were used in order to allow the participants to answers freely before questions became more narrow, receiving prompts from the experimenter. Personal biases from participants must also be considered as participants may have presumed they were receiving a level of psychological support for their condition when signing up for the study. In order to over come this, as little information as possible regarding the project was provided to the participants, it was made clear to the participants that the research project was an investigation into a sub-clinical sample, in order to ensure that participants were not under any illusion that they would be provided with a diagnosis for their disorder. In order to ensure the analysis process was as objective as possible I discussed with my project supervisor

potential themes I had considered. This project has enabled me to understand the maintenance mechanisms behind anxiety. Furthering my experience during these interviews has encouraged me to pursue my career within the clinical field of psychology.

**Data analysis.**

I have given great consideration to the influence my prior assumptions and experiences may have had on data analysis. I considered both my ownership of the theoretical framework this study aimed to explore and the hypotheses I have made in previous published work. Ostensibly, I would benefit from results that support my predictions. This may have influenced my analysis of the data. However, I am wholly committed to researcher integrity (and have published work on its importance; Homer, 2017). I firmly believe that the advancement of knowledge is dependent upon fair, transparent, and authentic research. When developing the theory proposed in Chapter One, I hoped to propound an initial conceptualisation of the potential mechanisms underlying social anxiety and paranoia in order to spark further research to support or refute it. I fully expected that the theory should be amended and updated according to future findings, and accept this as an integral part of good science. As such, my hopes for this study were to explore the topic in question, not to search for or construct proof of my ideas. My analysis is a genuine reflection of the data and as objective as possible. This is not to say that my prior assumptions did not have an unintentional, unconscious impact on the way in which the data was analysed. To minimise this impact, I employed several techniques: i) data were collected by interviewers less involved with the study's theoretical background than myself; ii) I was supervised throughout the study period by

researchers less involved with the study's theoretical background than myself; ii) I documented my initial impressions of the data to facilitate transparency and elucidate how initial codes were generated (see appendix 4); iii) preliminary themes were compared to those emerging from subsets of the data analysed independently by each interviewer; iv) dialogue between the research team was maintained throughout; v) I paid special attention to negative cases throughout analysis, and described these alongside my results; vi) final themes were reviewed for consistency by an independent researcher outside of our team.

# Chapter Five Appendices

## Appendix 7: Item generation

Table 13

Self-Focused Anxiety Scale (Self-FAS), Other-focused Anxiety Scale (Other-FAS) and Anxiety in Social Contexts Scale (ASCS)

items adapted from previous scales.

| Original item(s) | Adapted item(s) | | |
|---|---|---|---|
| | Self-FAS | Other-FAS | ASCS |
| I have difficulty making eye contact with others (SIAS) Looking at people you don't know very well in the eyes. (LSAS) Making eye contact with someone you don't know very well (SIPAAS) | Making eye contact with others can be difficult because it makes me feel embarrassed or ashamed of myself | Making eye contact with others can be difficult because it makes me feel threatened by them | |

| | | | |
|---|---|---|---|
| I fear I may blush when I'm with others (SPS)<br>I worry about shaking or trembling when I'm watched by other people (SPS)<br>I am bothered by blushing in front of people /<br>Sweating in front of people causes me distress /<br>Trembling or shaking in front of others is distressing to me (SPIN) | I am conscious of blushing, sweating, shaking, tripping over my words, or having other embarrassing reactions in certain social situations | | |
| I am nervous mixing with people I don't know well. (SIAS)<br>Meeting strangers (LSAS, SIPAAS)<br>I avoid talking to people I don't know /<br>Talking to strangers scares me (SPIN) | I don't like meeting new people because they probably won't like me | I don't like meeting new people because I need time to work them out | Meeting new people |

| | | | |
|---|---|---|---|
| I need to be on my guard against others (PC)<br>I tend to be on my guard with people who are somewhat more friendly than I expected (PS) | When meeting others, I often have my guard up so that they won't know how inferior I really am | When meeting others, I often have my guard up so that they can't hurt me | |
| I get nervous that people are staring at me as I walk down the street (SPS)<br>I am bothered by people outside, in cars, in stores, etc. watching me (PS)<br>I feel awkward and tense if I know people are watching me (SPS) | People sometimes watch or stare at me which probably means they think I am different or inadequate | People sometimes watch or stare at me which probably means they have negative or impure intentions towards me | |
| It is safer to trust no one (PS) | | I rarely ever fully trust someone<br><br>It takes me a long time to like / trust others<br><br>I wish other people could be trusted more | |
| I avoid activities in which I am the centre of attention (SPIN) | I don't like being the centre of attention because it gives | I don't like being the centre of attention because it makes | Being the centre of attention |

| | | | |
|---|---|---|---|
| Being the centre of attention (LSAS, SIPAAS) I worry I might do something to attract the attention of others (SPS) | people an opportunity to notice my shortcomings | me vulnerable to the intentions of others | |
| Bad things are being said about me behind my back / There might be negative comments being circulated about me (PC) I am sure I have been talked about behind my back / People have said insulting and unkind things about me (PS) | Even my friends might talk about me when I'm not there because of strange things I've said or done | Even my friends might talk about me behind my back because this is the sort of thing people do, given an opportunity | Meeting with people I know |
| People are laughing at me (PC) I sometimes feel that people are laughing at me behind my back. (PIQ) | People might laugh at me because I am so strange, different or not-worthy | People might laugh at me because they're out to get me or want to hurt my feelings | |
| I feel I'll say something embarrassing when talking (SIAS) | I have to monitor my behaviour carefully, to make sure I don't do or say anything embarrassing | | |

| | | | |
|---|---|---|---|
| Fear of embarrassment causes me to avoid doing things or speaking to people / Being embarrassed or looking stupid is among my worst fears (SPIN) | I am often embarrassed of myself | | |
| I am worried people will think my behaviour odd (SPS) | I worry that people will judge me because I don't come across well to others | | |
| I find it difficult to mix comfortably with the people I work with / When mixing socially, I am uncomfortable / I am tense mixing in a group (SIAS) | When with others, I am often anxious because I will not meet their standards<br><br>When with others, I am often anxious that I will do something wrong or embarrassing | When with others, I am sometimes anxious because you never know what their intentions are<br><br>When with others, I am sometimes anxious because I can't predict or control their behaviour | |
| Talking to someone you admire (SIPAAS) I have difficulty talking to attractive persons of the opposite sex (SIAS) | I can feel uncomfortable around people who are attractive / successful because they highlight my own shortcomings - it is obvious to everyone that I am not as attractive and successful as they are | I can feel uncomfortable around people who are attractive / successful because they are less trustworthy and more likely to have negative intentions towards me and the power / social standing to carry them out | Meeting or speaking to people who are more attractive / successful than I am |

| | | | |
|---|---|---|---|
| I get nervous if I have to speak with someone in authority (teacher, boss, etc.)<br>(SIAS)<br>I am afraid of people in authority /<br>I avoid speaking to anyone in authority<br>(SPIN)<br>Talking to people in authority<br>(LSAS) | I don't like speaking to people in authority because they will notice my shortcomings and I will not live up to their standards | I don't like speaking to people in authority because they have the power to harm or hinder me if they wanted to | Meeting or speaking to people in authority |
| People would harm me if given an opportunity<br>(PC) | | Given an opportunity, some people would hurt me, harm me in some way, or embarrass me socially | |
| I have a suspicion that someone has it in for me<br>(PC) | | I am often cautious and / or suspicious that people may have negative intentions towards me | |
| I am under threat from others<br>(PC) | | I often feel unsafe around others – be that physically, socially or emotionally threatened | |

| | |
|---|---|
| (LSAS)<br>Performing, acting, or talking in front of<br>an audience<br>(SIPAAS)<br>I avoid having to give speeches<br>(SPIN) | Giving a speech or presentation to an audience |
| Going to a job interview<br>(SIPAAS) | Attending a job interview |
| Going to a party<br>(LSAS, SIPAAS)<br>Parties and social events scare me<br>I avoid going to parties<br>(SPIN) | Attending a social gathering, party or night out |
| Being asked to solve a problem on the<br>blackboard<br>Taking the initiative of asking a question<br>or asking for an explanation in a class or<br>meeting<br>Answering a teacher's question during a<br>class<br>(SIPAAS)<br>Speaking up at a meeting<br>(LSAS) | Putting forward an idea at work or university |

Social anxiety scales: SIAS = Social Interaction Anxiety Scale; SPS = Social Phobia Scale; SIPAAS = Social Interaction and Performance Anxiety and Avoidance Scale; LSAS = Liebowitz Social Anxiety Scale; SPIN = Social Phobia Inventory

Paranoia Scales: PC = Paranoia Checklist; PS = Paranoia Scale; PIQ = Persecutory Ideation Questionnaire

Table 14

New Self-FAS, Other-FAS and ASCS items and rationale

| New item | | | Rationale |
|---|---|---|---|
| **Self-FAS** | **Other-FAS** | **ASCS** | |
| I often feel that there is something wrong with me | | | Low self-esteem in socially anxious individuals (e.g. Hulme, Hirsch, & Stopa, 2012; Izgiç, Akyüz, Doğan, & Kuğu, 2004) |
| I often feel that I am not good enough, or not-worthy | | | |
| I worry that people exclude me / might exclude me from things because of I am strange, different, unlikable or not-worthy | | | |
| I am often disgusted in myself | I am often disgusted at the presence or behaviour of others | | Presence of disgust in previous qualitative investigations (see Chapter Three) |

| | | | |
|---|---|---|---|
| I often feel ashamed of myself | | | Presence of shame in previous qualitative investigations (see Chapter Three) |
| I often replay social situations in my head, analysing what I did wrong and wishing I had acted differently<br><br>I often imagine myself in my head in a negative way | I often replay social situations in my head, trying to work out the intentions and thoughts of the other people present<br><br>I often imagine other people in my head in a negative way | | Prevalence of negative mental imagery in social anxiety of self (e.g. Clark & Wells, 1995; Hackmann et al., 2000; Homer & Deeprose, 2017; Wells & Papageorgiou, 1998; 1999) and others (Homer & Deeprose, 2017; see Chapters Three and Four) |
| I wish I could be more normal<br><br>I wish I could be more like everybody else<br><br>I often feel that I am different to other people in a negative way | I often feel that I am different to most other people in a positive way | | Prevalence of upward social comparison in social anxiety (e.g. Antony, Rowa, Liss, Swallow, & Swinson, 2005), and previous qualitative investigations (see Chapter Three) |

| | | | |
|---|---|---|---|
| I am often angry or annoyed with myself | I am often angry or annoyed with others | | Presence of anger in previous qualitative investigations (see Chapter Three) |
| My own shortcomings make me feel down-hearted and blue | The behaviour / presence of others often makes me feel down-hearted and blue | | High comorbidity of social anxiety and depression (e.g. Ohayon & Schatzberg, 2010), role of depression in paranoia (e.g. Freeman, 2007), and presence of sadness in Homer & Deeprose (2017). |
| I am often suspicious that people have found out that I am not good enough | I am often suspicious that people are not always what they first seem | | Presence of suspicion in previous qualitative investigations (see Chapter Three) |

| | | | |
|---|---|---|---|
| I'm reluctant to let people get to know me because they won't like the real me

I'm reluctant to disclose personal information to anyone because they will probably find me weird or inferior | I'm reluctant to let people get to know me because the closer they are to me, the more damage they could do if they wanted to

I'm reluctant to disclose personal information to anyone because they could use this information against me some how | | "A reluctance to reveal too much in case people used it in adverse ways" in Bebbington et al. (2013) and the self-focused equivalent, i.e. a reluctance to reveal too much due to self-consciousness. |
| | I can often tell/guess what other people are thinking, and it's very often something negative

Other people can be dangerous, harmful or hurtful on purpose

I often feel that there is something 'off' or not right, or something I just don't like about other people | | 'Feelings that people were generally against the respondent and might use or hurt them' in Bebbington et al. (2013). |

| | | |
|---|---|---|
| I often take note of what other people are doing – if they're doing something suspicious or threatening then I'd rather know about it | | Hypervigilance in paranoia (Carroll, 2009) and previous qualitative investigations (see Chapter Three) |
| | Leaving the house | Prevalence of anxiety when leaving the house in Homer & Deeprose (2017) |
| | Trying to make new friends | Intrusive image content in previous qualitative investigations (e.g. Homer & Deeprose, 2017) |
| | Being in a busy or crowded place | |

**Appendix 8: Scale items, factor loadings and internal consistencies**

Table 15

Scale items, factor loadings, and internal consistencies for the Self-FAS. Original items not retained in the final scale are highlighted in grey. Final scale items are numbered.

| Scale item | Factor loading | Internal consistency if item removed |
|---|---|---|
| 1. I often feel that there is something wrong with me | 0.845 | .983 |
| 2. I often feel that I am different to other people in a negative way | 0.861 | .983 |
| 3. I worry that people will judge me because I am odd | 0.839 | .983 |
| 4. I can feel uncomfortable around people who are attractive / successful because they highlight my own shortcomings - it is obvious to everyone that I am not as attractive and successful as they are | 0.765 | .983 |
| 5. I am often angry or annoyed with myself | 0.786 | .983 |
| 6. I don't like being the centre of attention because it gives people an opportunity to notice my shortcomings | 0.775 | .983 |
| 7. I often imagine myself in my head in a negative way | 0.843 | .983 |

| | | |
|---|---|---|
| I often replay social situations in my head, analysing what I did wrong and wishing I had acted differently | 0.725 | .983 |
| 8. I have to monitor my behaviour carefully, to make sure I don't do or say anything embarrassing | 0.794 | .983 |
| 9. I don't like speaking to people in authority because they will notice my shortcomings and I will not live up to their standards | 0.76 | .983 |
| 10. People might laugh at me because I am so strange, different or not-worthy | 0.831 | .983 |
| 11. I am often embarrassed of myself | 0.849 | .983 |
| 12. When with others, I am often anxious because I will not meet their standards | 0.852 | .983 |
| Making eye contact with others can be difficult because it makes me feel embarrassed or ashamed of myself | 0.743 | .983 |
| 13. I'm reluctant to let people get to know me because they won't like the real me | 0.811 | .983 |
| 14. I wish I could be more like everybody else | 0.791 | .983 |
| 15. I'm reluctant to disclose personal information to anyone because they will probably find me weird or inferior | 0.781 | .983 |
| 16. I often feel ashamed of myself | 0.89 | .982 |
| 17. I wish I could be more normal | 0.848 | .983 |
| 18. I worry that people exclude me / might exclude me from things because of I am strange, different, unlikable or not-worthy | 0.864 | .983 |

| | | |
|---|---|---|
| 19. I often feel that I am not good enough, or not worthy | 0.89 | .982 |
| 20. I am often suspicious that people have found out that I am not good enough | 0.832 | .983 |
| People sometimes watch or stare at me which probably means they think I am different or inadequate | 0.751 | .983 |
| 21. My own shortcomings make me feel down-hearted and blue | 0.838 | .983 |
| 22. When with others, I am often anxious that I will do something wrong or embarrassing | 0.876 | .983 |
| 23. I don't like meeting new people because they probably won't like me | 0.854 | .983 |
| 24. When meeting others, I often have my guard up so that they won't know how inferior I really am | 0.838 | .983 |
| Even my friends may well talk about me when I'm not there because of strange things I've said or done | 0.725 | .983 |
| 25. I am often disgusted in myself | 0.834 | .983 |
| I am conscious of blushing, sweating, shaking, tripping over my words, or having other embarrassing reactions in certain social situations | 0.729 | .983 |

Table 16

Scale items, factor loadings, and internal consistencies for the Other-FAS. Original items not retained in the final scale are highlighted in grey. Final scale items are numbered.

| Scale item | Factor loading | | | Internal consistency if item removed |
|---|---|---|---|---|
| | 1 | 2 | 3 | |
| 1. When meeting others, I often have my guard up so that they can't hurt me | .705 | | | .966 |
| 2. Even my friends might talk about me behind my back because this is the sort of thing people do, given an opportunity | .686 | | | .967 |
| I rarely ever fully trust someone | .685 | .429 | | .967 |
| 3. I don't like speaking to people in authority because they have the power to harm or hinder me if they wanted to | .704 | | | .966 |
| 4. I often imagine other people in my head in a negative way | .713 | | | .966 |
| 5. I often take note of what other people are doing – if they're doing something suspicious or threatening then I'd rather know about it | .662 | | | .967 |
| 6. Given an opportunity, some people would hurt me, harm me in some way, or embarrass me socially | .750 | | .305 | .966 |

| | | | |
|---|---|---|---|
| 7. I can often tell/guess what other people are thinking, and it's very often something negative | .726 | | .966 |
| 8. I often feel that there is something 'off' or not right, or something I just don't like about other people | .689 | | .966 |
| 9. I often feel unsafe around others – be that physically, socially or emotionally threatened | .804 | | .966 |
| 10. I am often cautious and / or suspicious that people may have negative intentions towards me | .808 | | .966 |
| 11. People sometimes watch or stare at me which probably means they have negative or impure intentions towards me | .749 | | .966 |
| 12. I don't like meeting new people because I need time to work them out | .744 | -.328 | .966 |
| 13. The behaviour / presence of others often makes me feel down-hearted and blue | .760 | | .966 |
| 14. Making eye contact with others can be difficult because it makes me feel threatened by them | .729 | | .966 |
| 15. People might laugh at me because they're out to get me or want to hurt my feelings | .757 | | .966 |
| 16. I am often suspicious that people are not always what they first seem | .772 | | .966 |

| | | |
|---|---|---|
| 17. I'm reluctant to disclose personal information to anyone because they could use this information against me some how | .732 | .966 |
| I wish other people could be trusted more | .660 | .967 |
| 18. Other people can be dangerous, harmful or hurtful on purpose | .700 | .966 |
| 19. I don't like being the centre of attention because it makes me vulnerable to the intentions of others | .768 | .966 |
| 20. I am often angry or annoyed with others | .703 | .966 |
| 21. I'm reluctant to let people get to know me because the closer they are to me, the more damage they could do if they wanted to | .753 | .966 |
| 22. I can feel uncomfortable around people who are attractive / successful because they are less trustworthy and more likely to have negative intentions towards me and the power / social standing to carry them out | .689 | .966 |
| 23. I often replay social situations in my head, trying to work out the intentions and thoughts of the other people present | .724 | .966 |
| 24. When with others, I am sometimes anxious because you never know what their intentions are | .853 | .965 |
| 25. When with others, I am sometimes anxious because I can't predict or control their behaviour | .796 | .966 |

| | | | |
|---|---|---|---|
| I often feel that I am different to most other people in a positive way | Not included in analysis* | | .970 |
| I am often disgusted at the presence or behaviour of others | .543 | | .967 |
| It takes me a long time to like / trust others | .677 | .444 | .967 |

*Item excluded prior to factor analysis as it reduced the internal consistency of the scale

Table 17

Scale items, factor loadings and internal consistencies for the ASCS.

| Scale item | Factor loading | | Internal consistency if item removed |
| --- | --- | --- | --- |
| | **1** | **2** | |
| 1. Attending a social gathering, party or night out | .780 | | .931 |
| 2. Attending a job interview | .729 | -.337 | .933 |
| 3. Leaving the house | .648 | .373 | .935 |
| 4. Meeting or speaking to people in authority | .726 | | .932 |
| 5. Putting forward an idea at work or university | .779 | | .931 |
| 6. Being in a busy or crowded place | .708 | | .933 |
| 7. Meeting new people | .863 | | .927 |
| 8. Meeting with people I know | .676 | .326 | .934 |
| 9. Being the centre of attention | .779 | | .931 |
| 10. Trying to make new friends | .831 | | .929 |
| 11. Giving a speech or presentation to an audience | .712 | -.451 | .934 |
| 12. Meeting or speaking to people who are more attractive / successful than I am | .746 | | .932 |

**Appendix 9: Descriptive Statistics for New Scales**

Table 18

Means and SDs for the Self-FAS, Other-FAS and ASCS for clinical and healthy samples

| Sample (*n*) | Self-FAS | | Other-FAS | | ASCS | |
|---|---|---|---|---|---|---|
| | Mean (SD) | Range | Mean (SD) | Range | Mean (SD) | Range |
| Social anxiety (97) | 69.11 (22.16) | 6 - 100 | 53.68 (22.99) | 3 - 100 | 34.18 (8.02) | 11 - 47 |
| Females (59) | 68.19 (23.63) | 6 - 100 | 54.86 (23.91) | 3 - 100 | 34.25 (8.78) | 11 - 47 |
| Males (37) | 70.14 (20.00) | 11 - 99 | 51.24 (21.64) | 12 - 91 | 34.19 (6.83) | 17 - 46 |
| Anxiety (31) | 48.65 (27.28) | 0 - 92 | 39.19 (24.43) | 1 - 81 | 25.35 (10.26) | 3 - 39 |
| Females (26) | 50.42 (28.00) | 0 - 92 | 40.69 (25.40) | 1 - 81 | 25.42 (10.74) | 3 - 39 |
| Males* (5) | 39.40 (23.52) | 12 - 65 | 31.40 (18.80) | 5 - 50 | 25.00 (8.28) | 13 - 33 |
| Depression (29) | 50.34 (24.74) | 2 - 95 | 43.83 (20.36) | 06- 83 | 25.17 (9.52) | 9 - 43 |
| Females (24) | 51.25 (21.34) | 8 - 95 | 46.33 (19.89) | 6 - 83 | 24.96 (9.19) | 9 - 41 |
| Males* (5) | 46.00 (40.47) | 2 - 94 | 31.80 (20.19) | 9 - 61 | 26.20 (12.15) | 9 - 43 |
| Paranoia* (9) | 70.56 (22.39) | 29 - 100 | 76.89 (19.41) | 40 - 100 | 38.78 (5.83) | 31 - 46 |
| Females* (6) | 79.50 (18.59) | 50 - 100 | 85.50 (10.52) | 73 - 100 | 41.67 (4.41) | 35 - 46 |
| Males* (3) | 52.67 (20.55) | 29 - 66 | 59.67 (23.71) | 40 - 86 | 33 (3.46) | 31 - 17 |
| Panic (44) | 65.32 (23.85) | 6 - 100 | 56.14 (24.34) | 0 - 100 | 32.84 (10.93) | 3 - 47 |
| Females (38) | 66.21 (23.64) | 6 - 100 | 56.13 (24.36) | 0 - 100 | 32.89 (11.23) | 3 - 47 |
| Males* (5) | 54.40 (26.08) | 17 - 86 | 52.60 (27.95) | 24 - 91 | 33.20 (10.62) | 20 - 46 |
| PTSD (27) | 64.89 (25.56) | 12 - 100 | 58.78 (25.69) | 3 - 100 | 33.41 (9.73) | 6 - 46 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Females (20) | 63.35 (27.12) | 12 - 100 | 55.35 (26.91) | 3 - 100 | 32.65 (10.58) | 6 - 46 |
| Males* (6) | 66.50 (22.37) | 29 - 91 | 67.67 (22.18) | 45 - 91 | 36.67 (6.95) | 27 - 46 |
| Psychosis* (7) | 59.00 (21.98) | 38 - 98 | 61.71 (23.81) | 32 - 94 | 34.43 (9.66) | 20 - 46 |
| Females* (6) | 58.50 (24.03) | 38 - 98 | 66.67 (21.78) | 40 - 94 | 34.50 (10.58) | 20 - 46 |
| Males* (1) | 62.00 | | 32.00 | | 34.00 | |
| Personality disorder (40) | 73.95 (22.05) | 29 - 100 | 58.85 (24.36) | 12 - 100 | 34.43 (8.02) | 12 - 47 |
| Females (28) | 74.11 (22.08) | 31 - 100 | 58.86 (25.14) | 17 - 100 | 35.36 (7.68) | 21 - 47 |
| Males (11) | 72.45 (23.71) | 29 - 99 | 57.45 (24.15) | 12 - 86 | 32.55 (9.08) | 12 - 45 |
| OCD (26) | 59.42 (26.92) | 6 - 100 | 53.19 (25.91) | 1 - 100 | 30.27 (12.81) | 3 - 46 |
| Females (18) | 60.72 (30.87) | 6 - 100 | 49.67 (27.17) | 1 - 100 | 28.72 (14.43) | 3 – 46 |
| Males* (8) | 56.50 (16.11) | 38 - 90 | 61.13 (22.40) | 26 - 91 | 33.75 (7.76) | 26 - 46 |
| Eating disorder (18) | 67.72 (25.49) | 17 - 98 | 54.06 (20.44) | 19 - 86 | 30.39 (11.71) | 3 - 45 |
| Females (15) | 70.40 (23.56) | 17 - 98 | 56.00 (21.23) | 19 - 86 | 31.93 (10.33) | 3 - 45 |
| Males* (3) | 54.33 (36.23) | 23 - 94 | 44.33 (14.98) | 32 - 61 | 22.67 (17.62) | 12 - 43 |
| ASD (18) | 59.83 (28.25) | 10 - 98 | 53.83 (28.49) | 9 - 94 | 28.72 (13.24) | 3 - 46 |
| Females* (8) | 72.63 (20.14) | 38 - 98 | 62.63 (25.23) | 29 - 94 | 34.25 (10.61) | 16 - 46 |
| Males* (9) | 45.56 (29.37) | 10 - 90 | 43.78 (30.43) | 9 - 91 | 23.78 (14.69) | 3 - 46 |
| Community (68) | 34.44 (32.21) | 0 - 96 | 28.38 (26.16) | 0 - 94 | 20.56 (12.59) | 1 - 47 |
| Females (45) | 34.38 (32.09) | 0 - 91 | 26.31 (24.94) | 0 - 90 | 20.91 (12.59) | 1 - 47 |
| Males (23) | 34.57 (33.16) | 0 - 96 | 32.43 (28.54) | 3 - 94 | 19.87 (12.846) | 2 - 44 |
| Undergraduates (300) | 30.98 (25.09) | 0 - 100 | 27.21 (20.13) | 0 - 97 | 19.08 (10.39) | 0 - 46 |
| Females (235) | 32.19 (25.10) | 0 - 100 | 27.66 (20.52) | 0 - 97 | 20.01 (10.23) | 0 - 46 |
| Males (65) | 26.58 (24.75) | 0 - 86 | 25.57 (18.72) | 0 - 79 | 15.69 (10.32) | 0 - 44 |

*n is too small to provide norms, but data are provided for interest and completeness.

**Appendix 10: Correlation Analyses**

Table 19

Correlations between the Self-FAS, Other-FAS, ASCS, and other established measures for socially anxious participants (*n*).

| | Self-FAS | Other-FAS | ASCS | RSES | PS | PC | PIQ | SPS | LSAS | FNES | Age |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Self-FAS | - | | | | | | | | | | |
| Other-FAS | 0.57** | - | | | | | | | | | |
| | (97) | | | | | | | | | | |
| ASCS | 0.64** | 0.56** | - | | | | | | | | |
| | (97) | (97) | | | | | | | | | |
| RSES | -0.79** | -0.43** | -0.50** | - | | | | | | | |
| | (96) | (96) | (96) | | | | | | | | |
| PS | 0.37** | 0.82** | 0.38** | -0.33* | - | | | | | | |
| | (97) | (97) | (97) | (96) | | | | | | | |
| PC | 0.32* | 0.73** | 0.28* | -0.28* | 0.74** | - | | | | | |
| | (97) | (97) | (97) | (96) | (97) | | | | | | |
| PIQ | 0.23* | 0.67** | 0.26* | -0.23* | 0.76** | 0.80** | - | | | | |
| | (97) | (97) | (97) | (96) | (97) | (97) | | | | | |
| SPS | 0.56** | 0.60** | 0.73** | -0.41** | 0.50** | 0.46** | 0.43** | - | | | |
| | (97) | (97) | (97) | (96) | (97) | (97) | (97) | | | | |
| LSAS | 0.58** | 0.46** | 0.83** | -0.49** | 0.28* | 0.20 | 0.17 | 0.73** | - | | |
| | (97) | (97) | (97) | (96) | (97) | (97) | (97) | (97) | | | |
| FNES | 0.68** | 0.43** | 0.40** | -0.60** | 0.24* | 0.22* | 0.11 | 0.40** | 0.37** | - | |
| | (97) | (97) | (97) | (96) | (97) | (97) | (97) | (97) | (97) | | |
| Age | 0.08 | 0.04 | 0.17** | -0.02 | 0.00 | -1.10 | -0.09 | -0.02** | 2.48* | -0.06 | - |
| | (97) | (97) | (97) | (96) | (97) | (97) | (97) | (97) | (97) | (97) | |

Self-FAS = Self-focused Anxiety Scale; Other-FAS = Other-focused Anxiety Scale; ASCS = Anxiety in Social Situations Scale; RSES = Rosenberg Self-esteem Scale; PS = Paranoia Scale; PC = Paranoia Checklist; PIQ = Persecutory Ideation Questionnaire; SPS = Social Phobia Scale; LSAS = Liebowitz Social Anxiety Scale; FNES = Fear of Negative Evaluation Scale. **$p > .001$; *$p > .05$.

Table 20

Correlations between the Self-FAS, Other-FAS, ASCS and other established measures for healthy participants: combined community and

undergraduate samples without any mental health diagnoses (n).

| | Self-FAS | Other-FAS | ASCS | RSES | PS | PC | PIQ | SPS | LSAS | FNES | Age |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Self-FAS | - | | | | | | | | | | |
| Other-FAS | 0.79**<br>(368) | - | | | | | | | | | |
| ASCS | 0.80**<br>(368) | 0.69**<br>(368) | - | | | | | | | | |
| RSES | -0.80**<br>(368) | -0.60**<br>(368) | -0.67**<br>(368) | - | | | | | | | |
| PS | 0.64**<br>(368) | 0.76**<br>(368) | 0.51**<br>(368) | -0.48**<br>(368) | - | | | | | | |
| PC | 0.61**<br>(367) | 0.72**<br>(367) | 0.44**<br>(367) | -0.46**<br>(367) | 0.75**<br>(367) | - | | | | | |
| PIQ | 0.56**<br>(366) | 0.67**<br>(366) | 0.43**<br>(366) | -0.44**<br>(366) | 0.69**<br>(366) | 0.76**<br>(365) | - | | | | |
| SPS | 0.74**<br>(367) | 0.70**<br>(367) | 0.80**<br>(367) | -0.59**<br>(367) | 0.57**<br>(367) | 0.51**<br>(366) | 0.53**<br>(365) | - | | | |
| LSAS | 0.75**<br>(368) | 0.67**<br>(368) | 0.91**<br>(368) | -0.61**<br>(368) | 0.50**<br>(368) | 0.44**<br>(367) | 0.44**<br>(366) | 0.84**<br>(367) | - | | |
| FNES | 0.79**<br>(368) | 0.68**<br>(368) | 0.72**<br>(368) | -0.68**<br>(368) | 0.54**<br>(368) | 0.48**<br>(367) | 0.47**<br>(366) | 0.71**<br>(367) | 0.70**<br>(368) | - | |
| Age | 0.05<br>(368) | 0.04<br>(368) | 0.04<br>(368) | 0.03<br>(368) | -0.05<br>(368) | -0.03<br>(367) | 0.03<br>(366) | -0.06<br>(367) | 0.01<br>(368) | -0.04<br>(368) | - |

Self-FAS = Self-focused Anxiety Scale; Other-FAS = Other-focused Anxiety Scale; ASCS = Anxiety in Social Situations Scale; RSES = Rosenberg Self-esteem Scale; PS = Paranoia Scale; PC = Paranoia Checklist; PIQ = Persecutory Ideation Questionnaire; SPS = Social Phobia Scale; LSAS = Liebowitz Social Anxiety Scale; FNES = Fear of Negative Evaluation Scale. **$p > .001$; *$p > .05$.

## Appendix 11: Descriptive Statistics for Established Scales

Table 21

Mean scores on the RSES, PC, SPS, LSAS and FNES for clinical and healthy samples

| Sample | | RSES | | | PC | | | PS | | | PIQ | | | SPS | | | LSAS | | | FNES | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | Mean (SD) | Range | n | Mean (SD) | Range | n | Mean (SD) | Range | n | Mean (SD) | Range | n | Mean (SD) | Range | n | Mean (SD) | Range | n | Mean (SD) | Range |
| Social anxiety | 96 | 19.40 (6.06) | 10 - 37 | 97 | 24.46 (16.81) | 0 - 72 | 97 | 57.92 (15.95) | 25 - 98 | 97 | 13.10 (9.72) | 0 - 37 | 97 | 44.55 (17.50) | 2 - 80 | 97 | 49.93 (11.74) | 14 - 72 | 97 | 49.12 (8.73) | 20 - 60 |
| Females | 59 | 20.03 (5.82) | 11 - 33 | 59 | 25.00 (18.04) | 1 - 72 | 59 | 58.68 (16.59) | 25 - 98 | 59 | 13.49 (9.84) | 0 - 36 | 59 | 45.17 (18.49) | 2 - 80 | 59 | 48.85 (12.47) | 14 - 72 | 59 | 50.31 (7.16) | 26 - 60 |
| Males | 36 | 18.44 (6.44) | 10 - 37 | 37 | 22.73 (14.01) | 3 - 55 | 37 | 55.97 (14.50) | 32 - 87 | 37 | 11.84 (8.84) | 0 - 33 | 37 | 43.11 (15.99) | 13 - 80 | 37 | 51.84 (10.47) | 28 - 68 | 37 | 46.95 (10.49) | 20 - 60 |
| Anxiety | 31 | 24.68 (6.70) | 13 - 39 | 30 | 13.70 (13.47) | 0 - 53 | 31 | 47.65 (17.07) | 21 - 78 | 31 | 8.65 (8.78) | 0 - 30 | 31 | 31.48 (17.55) | 3 - 58 | 31 | 38.74 (13.56) | 13 - 62 | 31 | 42.29 (10.80) | 20 - 59 |
| Females | 26 | 24.35 (6.56) | 13 - 37 | 25 | 14.56 (14.32) | 0 - 53 | 26 | 48.23 (17.37) | 21 - 78 | 26 | 8.96 (8.99) | 0 - 30 | 26 | 32.92 (17.92) | 3 - 58 | 26 | 39.31 (14.18) | 13 - 62 | 26 | 43.69 (10.42) | 20 - 59 |
| Males* | 5 | 26.40 (7.92) | 19 - 39 | 5 | 9.40 (7.54) | 0 - 18 | 5 | 44.60 (16.91) | 22 - 62 | 5 | 7.00 (8.34) | 0 - 17 | 5 | 24.00 (14.82) | 6 - 39 | 5 | 35.80 (10.47) | 25 - 49 | 5 | 35.00 (10.84) | 23 - 47 |
| Depression | 29 | 20.66 (4.77) | 11 - 28 | 29 | 20.90 (15.71) | 0 - 62 | 29 | 51.93 (13.34) | 26 - 72 | 29 | 10.31 (8.57) | 0 - 35 | 29 | 31.34 (17.39) | 1 - 66 | 29 | 40.45 (10.80) | 24 - 62 | 28 | 44.00 (10.04) | 19 - 60 |
| Females | 24 | 20.67 (4.70) | 11 - 28 | 24 | 23.50 (15.82) | 0 - 62 | 24 | 53.46 (13.83) | 26 - 72 | 24 | 11.75 (8.61) | 0 - 35 | 24 | 30.88 (16.79) | 1 - 66 | 24 | 40.38 (10.98) | 24 - 62 | 23 | 46.04 (8.00) | 32 - 60 |
| Males* | 5 | 20.60 (5.68) | 11 - 26 | 5 | 8.40 (7.30) | 0 - 20 | 5 | 44.60 (8.02) | 36 - 55 | 5 | 3.40 (3.97) | 0 - 10 | 5 | 33.60 (22.11) | 6 - 64 | 5 | 40.80 (11.08) | 24 - 55 | 5 | 34.60 (13.94) | 19 - 54 |
| Community | 68 | 26.65 (7.53) | 10 - 40 | 68 | 9.29 (10.10) | 0 - 39 | 68 | 38.28 (14.36) | 20 - 71 | 67 | 5.88 (7.89) | 0 - 28 | 67 | 18.52 (17.58) | 0 – 74) | 68 | 31.10 (18.26) | 1 - 71 | 68 | 36.84 (11.53) | 19 - 60 |

| | N | Mean (SD) | Range | N | Mean (SD) | Range | N | Mean (SD) | Range | N | Mean (SD) | Range | N | Mean (SD) | Range | N | Mean (SD) | Range | N | Mean (SD) | Range |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Females | 45 | 26.76 (7.85) | 10 - 40 | 45 | 7.84 (8.82) | 0 - 31 | 45 | 37.87 (14.29) | 20 - 71 | 44 | 6.02 (8.41) | 0 – 28 | 45 | 19.67 (18.94) | 0 - 74 | 45 | 31.53 (18.49) | 1 - 71 | 45 | 36.58 (11.55) | 19 - 60 |
| Males | 23 | 26.43 (7.04) | 13 - 38 | 23 | 12.13 (11.93) | 0 - 39 | 23 | 39.09 (14.80) | 20 - 66 | 23 | 5.61 (6.95) | 0 - 27 | 22 | 16.18 (14.52) | 0 - 51 | 23 | 30.26 (18.17) | 4 - 65 | 23 | 37.35 (11.73) | 23 - 60 |
| Undergraduates | 300 | 27.23 (6.09) | 11 - 40 | 299 | 10.21 (10.39) | 0 - 56 | 300 | 40.82 (13.92) | 20 - 91 | 299 | 5.69 (6.79) | 0 - 39 | 300 | 22.18 (16.27) | 0 - 80 | 300 | 29.98 (14.43) | 0 - 68 | 300 | 37.53 (9.86) | 12 - 60 |
| Females | 235 | 27.10 (5.86) | 11 - 40 | 234 | 10.35 (10.69) | 0 - 56 | 235 | 40.83 (13.97) | 20 - 91 | 235 | 5.77 (6.81) | 0 - 39 | 235 | 23.11 (16.16) | 0 - 80 | 235 | 31.56 (14.10) | 3 - 68 | 235 | 38.29 (9.40) | 18 - 60 |
| Males | 65 | 27.71 (6.89) | 11 - 39 | 65 | 9.72 (9.28) | 0 - 46 | 65 | 40.78 (13.85) | 20 - 78 | 64 | 5.39 (6.73) | 0 - 30 | 65 | 18.82 (16.35) | 0 - 63 | 65 | 24.29 (14.29) | 0 - 61 | 65 | 34.80 (11.02) | 12 - 60 |

RSES = Rosenberg Self-esteem Scale; PS = Paranoia Scale; PC = Paranoia Checklist; PIQ = Persecutory Ideation Questionnaire; SPS = Social Phobia Scale; LSAS = Liebowitz Social Anxiety Scale; FNES = Fear of Negative Evaluation Scale

**Appendix 12: Internal Consistencies for Established Measures**

Table 22

Internal consistencies of established measures in clinical and healthy samples

| Sample | RSES | | PC | | PS | | PIQ | | SPS | | LSAS | | FNES | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *n* | α | *n* | α | *n* | α | *n* | α | *n* | α | *n* | α | *n* | α |
| Social anxiety | 96 | .912 | 97 | .957 | 97 | .923 | 97 | .934 | 97 | .933 | 97 | .909 | 97 | .897 |
| Anxiety | 31 | .935 | 30 | .950 | 31 | .939 | 31 | .939 | 31 | .945 | 31 | .926 | 31 | .922 |
| Depression | 29 | .768 | 29 | .944 | 29 | .874 | 29 | .909 | 29 | .941 | 29 | .875 | 28 | .917 |
| Community | 68 | .926 | 68 | .912 | 68 | .913 | 67 | .941 | 67 | .954 | 68 | .964 | 68 | .923 |
| Undergraduates | 300 | .912 | 299 | .929 | 300 | .915 | 299 | .915 | 300 | .949 | 300 | .945 | 300 | .900 |

RSES =

Rosenberg Self-esteem Scale; PS = Paranoia Scale; PC = Paranoia Checklist; PIQ = Persecutory Ideation Questionnaire; SPS = Social Phobia Scale; LSAS = Liebowitz Social Anxiety Scale; FNES = Fear of Negative Evaluation Scale

# Appendix 13: Scale Distributions for Socially Anxious and Healthy Samples

**Self-Focused Anxiety Scale (Self-FAS).**



N = 97
Mean = 69.11
SD = 22.17
Quartile 1 = 5
Median = 74
Quartile 3 = 8

Quartiles

Mean
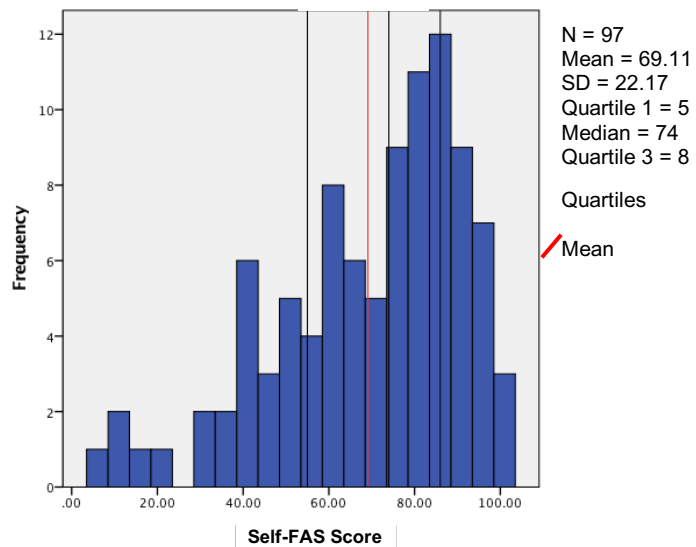
*Figure 20:* Distribution of Self-FAS scores for clinically diagnosed socially anxious participants, n = 97.



N = 68
Mean = 34.44
SD = 32.21
Quartile 1 = 5.25
Median = 22.5
Quartile 3 = 66.75

Quartiles

Mean
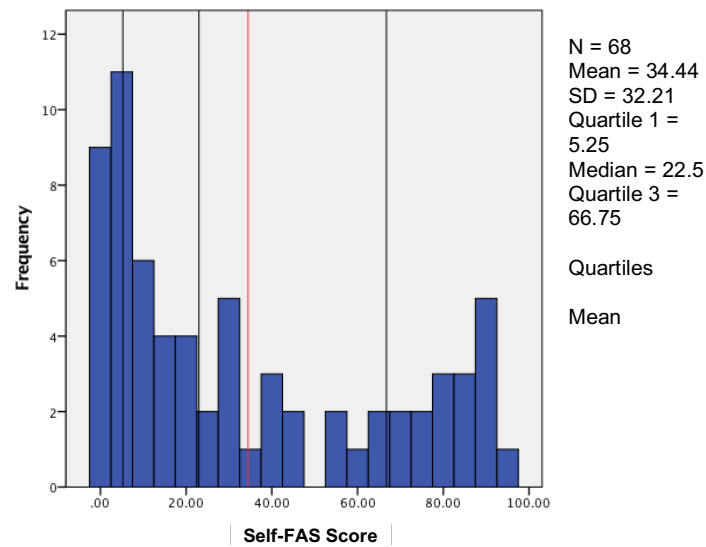
*Figure 21:* Distribution of Self-FAS scores for the healthy community sample, n = 68.



N = 300
Mean = 30.98
SD = 25.09
Quartile 1 = 10
Median = 24
Quartile 3 = 49

Quartiles

Mean
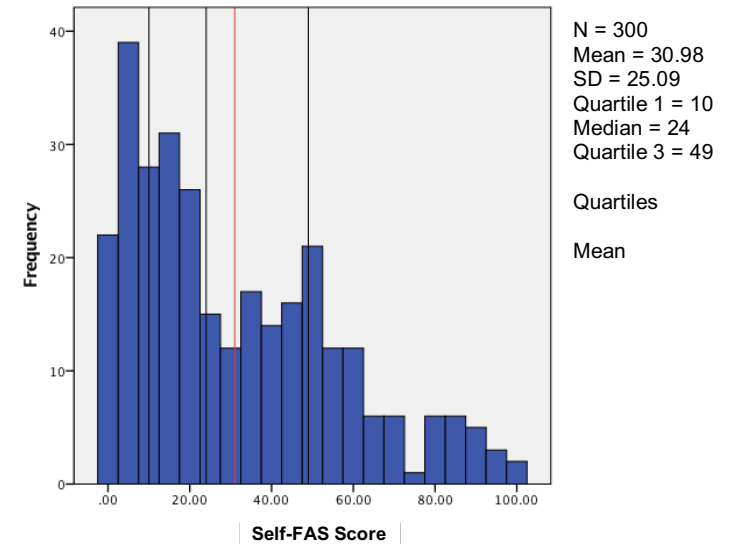
*Figure 22:* Distribution of Self-FAS scores for the healthy undergraduate sample, n = 300.

*Figure 2
clinicall
97.*

434

**Other-Focused Anxiety Scale (Other-FAS).**



N = 97
Mean = 53.68
SD = 22.99
Quartile 1 = 35
Median = 54
Quartile 3 = 70

Quartiles

Mean
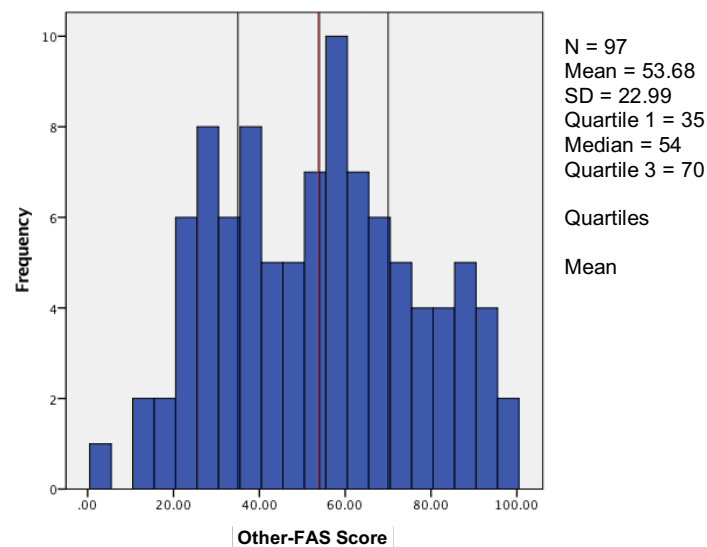
*Figure 23:* Distribution of Other-FAS scores for clinically diagnosed socially anxious participants, n = 97.



N = 68
Mean = 28.38
SD = 26.16
Quartile 1 = 8
Median = 17.5
Quartile 3 = 4

Quartiles

Mean
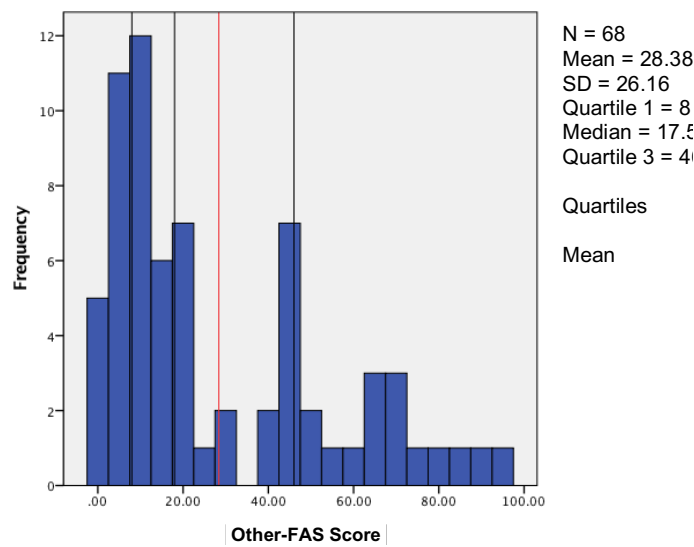
*Figure 24:* Distribution of Other-FAS scores for the healthy community sample, n = 68.



N = 300
Mean = 27.21
SD = 20.13
Quartile 1 = 12
Median = 24
Quartile 3 = 38

Quartiles

Mean
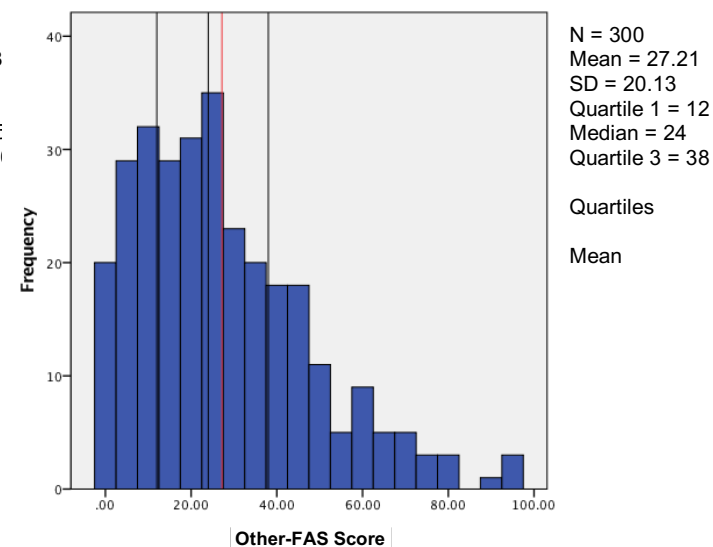
*Figure 25:* Distribution of Other-FAS scores for the healthy undergraduate sample, n = 300.

**Anxiety in Social Contexts Scale (ASCS).**



N = 97
Mean = 34.18
SD = 8.02
Quartile 1 = 28
Median = 35
Quartile 3 =
40.5

Quartiles

Mean
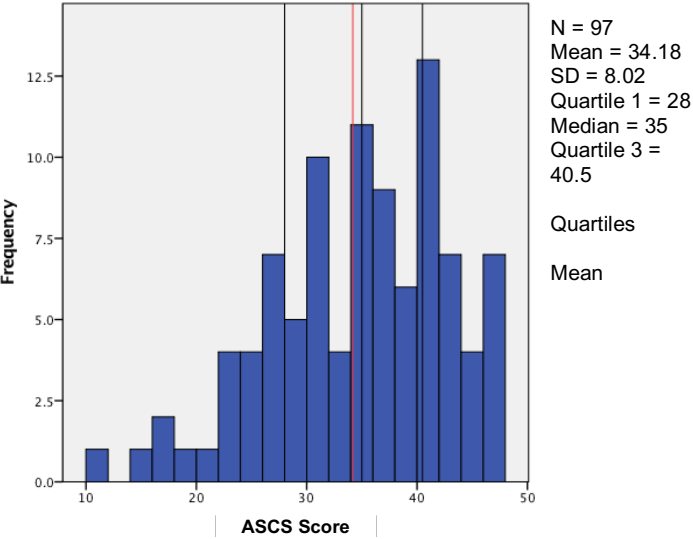
*Figure 26*: Distribution of ASCS scores for clinically diagnosed socially anxious participants, n = 97.



N = 68
Mean = 20.56
SD = 12.59
Quartile 1 = 11
Median = 17
Quartile 3 =
30.75

Quartiles

Mean
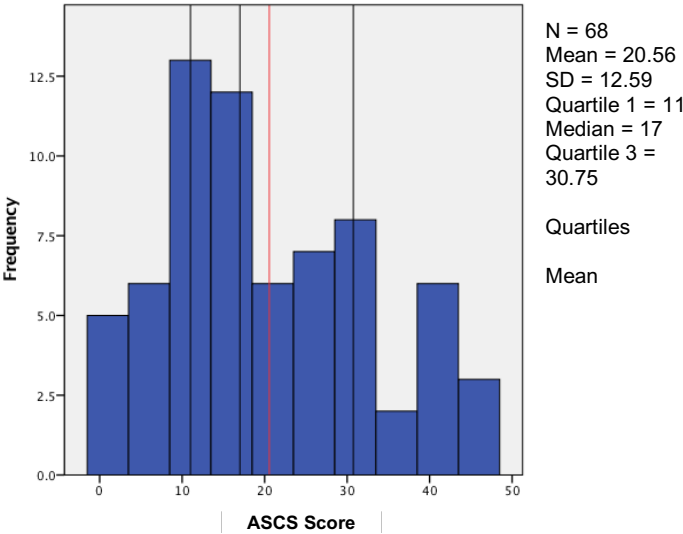
*Figure 27:* Distribution of ASCS scores for the healthy community sample, n = 68.



N = 300
Mean = 19.08
SD = 10.39
Quartile 1 = 11
Median = 18
Quartile 3 = 26

Quartiles

Mean
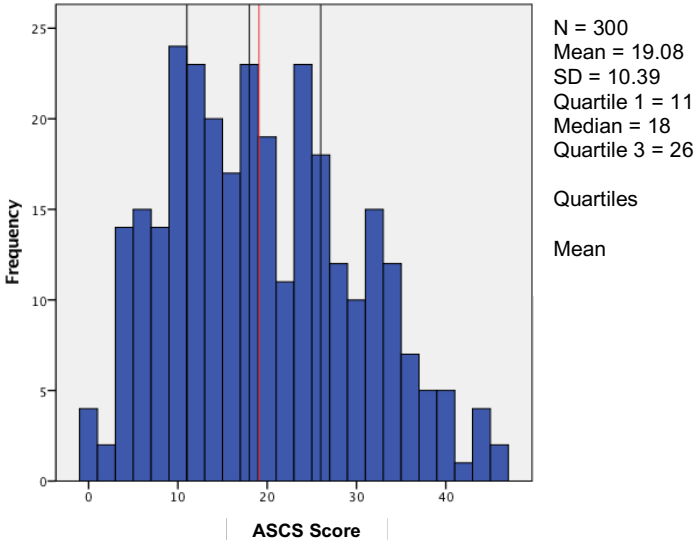
*Figure 28:* Distribution of ASCS scores for the healthy undergraduate sample, n = 300.

# Appendix 14: Correlations Between Self-FAS and Other-FAS Scores
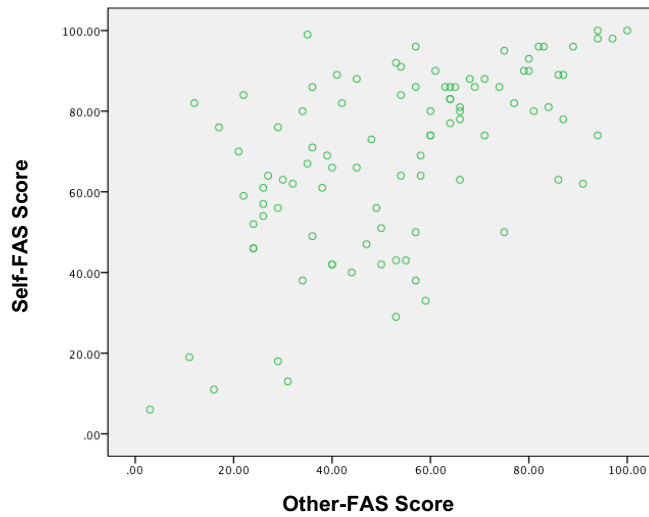


*Figure 29:* Scatterplot shows Self-FAS scores as a function of Other-FAS scores for the socially anxious sample, n = 97.
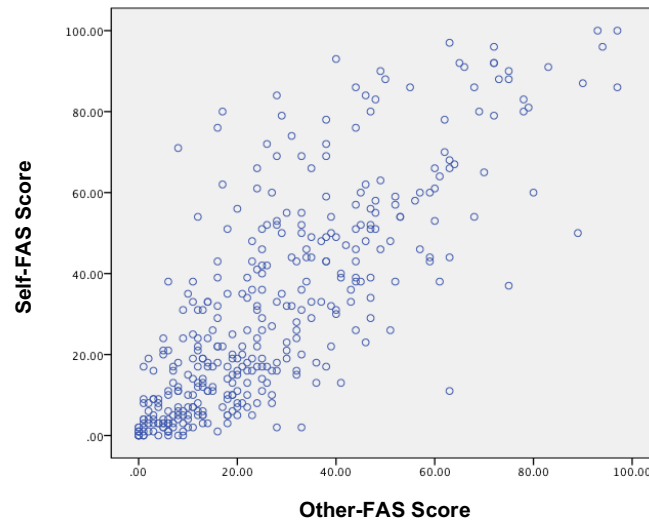


*Figure 30:* Scatterplot shows Self-FAS scores as a function of Other-FAS scores for the combined healthy samples (community and undergraduate), n = 368.



*Figure 31:* Scatterplot shows Self-FAS scores as a function of Other-FAS scores for the socially anxious sample, and combined healthy samples, total n = 465.

## Self-focused Anxiety Scale (Self-FAS)

**Please indicate how much you generally tend to agree with the following statements:**

| | Not at all | A little | Somewhat | A lot | Extremely |
|---|---|---|---|---|---|
| 1. I often feel that there is something wrong with me | ○ | ○ | ○ | ○ | ○ |
| 2. I often feel that I am different to other people in a negative way | ○ | ○ | ○ | ○ | ○ |
| 3. I worry that people will judge me because I am odd | ○ | ○ | ○ | ○ | ○ |
| 4. I can feel uncomfortable around people who are attractive / successful because they highlight my own shortcomings - it is obvious to everyone that I am not as attractive and successful as they are | ○ | ○ | ○ | ○ | ○ |
| 5. I am often angry or annoyed with myself | ○ | ○ | ○ | ○ | ○ |
| 6. I don't like being the centre of attention because it gives people an opportunity to notice my shortcomings | ○ | ○ | ○ | ○ | ○ |
| 7. I often imagine myself in my head in a negative way | ○ | ○ | ○ | ○ | ○ |
| 8. I have to monitor my behaviour carefully, to make sure I don't do or say anything embarrassing | ○ | ○ | ○ | ○ | ○ |
| 9. I don't like speaking to people in authority because they will notice my shortcomings and I will not live up to their standards | ○ | ○ | ○ | ○ | ○ |

10. People might laugh at me because I am so strange, different or not-worthy ○ ○ ○ ○ ○

11. I am often embarrassed of myself ○ ○ ○ ○ ○

12. When with others, I am often anxious because I will not meet their standards ○ ○ ○ ○ ○

13. I'm reluctant to let people get to know me because they won't like the real me ○ ○ ○ ○ ○

14. I wish I could be more like everybody else ○ ○ ○ ○ ○

15. I'm reluctant to disclose personal information to anyone because they will probably find me weird or inferior ○ ○ ○ ○ ○

16. I often feel ashamed of myself ○ ○ ○ ○ ○

17. I wish I could be more normal ○ ○ ○ ○ ○

18. I worry that people exclude me / might exclude me from things because of I am strange, different, unlikable or not-worthy ○ ○ ○ ○ ○

19. I often feel that I am not good enough, or not worthy ○ ○ ○ ○ ○

20. I am often suspicious that people have found out that I am not good enough ○ ○ ○ ○ ○

21. My own shortcomings make me feel down-hearted and blue ○ ○ ○ ○ ○

22. When with others, I am often anxious that I will do something wrong or embarrassing ○ ○ ○ ○ ○

23. I don't like meeting new people because they probably won't like me

○  ○  ○  ○  ○

24. When meeting others, I often have my guard up so that they won't know how inferior I really am

○  ○  ○  ○  ○

25. I am often disgusted in myself

○  ○  ○  ○  ○

**Scoring:**
Not at all = 0
A little = 1
Somewhat = 2
A lot = 3
Extremely = 4

# Other-focused Anxiety Scale (Other-FAS)

**Please indicate how much you generally tend to agree with the following statements:**

| | Not at all | A little | Somewhat | A lot | Extremely |
|---|---|---|---|---|---|
| 1. When meeting others, I often have my guard up so that they can't hurt me | ○ | ○ | ○ | ○ | ○ |
| 2. Even my friends might talk about me behind my back because this is the sort of thing people do, given an opportunity | ○ | ○ | ○ | ○ | ○ |
| 3. I don't like speaking to people in authority because they have the power to harm or hinder me if they wanted to | ○ | ○ | ○ | ○ | ○ |
| 4. I often imagine other people in my head in a negative way | ○ | ○ | ○ | ○ | ○ |
| 5. I often take note of what other people are doing – if they're doing something suspicious or threatening then I'd rather know about it | ○ | ○ | ○ | ○ | ○ |
| 6. Given an opportunity, some people would hurt me, harm me in some way, or embarrass me socially | ○ | ○ | ○ | ○ | ○ |
| 7. I can often tell/guess what other people are thinking, and it's very often something negative | ○ | ○ | ○ | ○ | ○ |
| 8. I often feel that there is something 'off' or not right, or something I just don't like about other people | ○ | ○ | ○ | ○ | ○ |
| 9. I often feel unsafe around others – be that physically, socially or emotionally threatened | ○ | ○ | ○ | ○ | ○ |
| 10. I am often cautious and / or suspicious that people may have negative intentions towards me | ○ | ○ | ○ | ○ | ○ |

11. People sometimes watch or stare at me which probably means they have negative or impure intentions towards me ○ ○ ○ ○ ○

12. I don't like meeting new people because I need time to work them out ○ ○ ○ ○ ○

13. The behaviour / presence of others often makes me feel down-hearted and blue ○ ○ ○ ○ ○

14. Making eye contact with others can be difficult because it makes me feel threatened by them ○ ○ ○ ○ ○

15. People might laugh at me because they're out to get me or want to hurt my feelings ○ ○ ○ ○ ○

16. I am often suspicious that people are not always what they first seem ○ ○ ○ ○ ○

17. I'm reluctant to disclose personal information to anyone because they could use this information against me some how ○ ○ ○ ○ ○

18. Other people can be dangerous, harmful or hurtful on purpose ○ ○ ○ ○ ○

19. I don't like being the centre of attention because it makes me vulnerable to the intentions of others ○ ○ ○ ○ ○

20. I am often angry or annoyed with others ○ ○ ○ ○ ○

21. I'm reluctant to let people get to know me because the closer they are to me, the more damage they could do if they wanted to ○ ○ ○ ○ ○

22. I can feel uncomfortable around people who are attractive / successful because they are less trustworthy and more likely to have negative intentions towards me and the power / social standing to carry them out

◯ ◯ ◯ ◯ ◯

23. I often replay social situations in my head, trying to work out the intentions and thoughts of the other people present

◯ ◯ ◯ ◯ ◯

24. When with others, I am sometimes anxious because you never know what their intentions are

◯ ◯ ◯ ◯ ◯

25. When with others, I am sometimes anxious because I can't predict or control their behaviour

◯ ◯ ◯ ◯ ◯

**Scoring:**
Not at all = 0
A little = 1
Somewhat = 2
A lot = 3
Extremely = 4

# Anxiety in Social Contexts Scale (ASCS)

**Please indicate how anxious or uncomfortable you generally tend to feel in the following situations. If you have never faced some of the situations presented, indicate the level of distress you would feel if you had to.**

|  | Not at all | A little | Somewhat | A lot | Extremely |
|---|:---:|:---:|:---:|:---:|:---:|
| 1. Attending a social gathering, party or night out | ○ | ○ | ○ | ○ | ○ |
| 2. Attending a job interview | ○ | ○ | ○ | ○ | ○ |
| 3. Leaving the house | ○ | ○ | ○ | ○ | ○ |
| 4. Meeting or speaking to people in authority | ○ | ○ | ○ | ○ | ○ |
| 5. Putting forward an idea at work or university | ○ | ○ | ○ | ○ | ○ |
| 6. Being in a busy or crowded place | ○ | ○ | ○ | ○ | ○ |
| 7. Meeting new people | ○ | ○ | ○ | ○ | ○ |
| 8. Meeting with people I know | ○ | ○ | ○ | ○ | ○ |
| 9. Being the centre of attention | ○ | ○ | ○ | ○ | ○ |
| 10. Trying to make new friends | ○ | ○ | ○ | ○ | ○ |
| 11. Giving a speech or presentation to an audience | ○ | ○ | ○ | ○ | ○ |
| 12. Meeting or speaking to people who are more attractive / successful than I am | ○ | ○ | ○ | ○ | ○ |

**Scoring:**
Not at all = 0
A little = 1
Somewhat = 2
A lot = 3
Extremely = 4

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