Cognitive and perceptual selectivity and target regulation of mental activity in personal evaluation situations of social anxiety disorder

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Abstract. This article outlines modern scientific-proved models of Social Anxiety Disorder (SAD) (cognitive, metacognitive, experimental and pathopsychological). Key mechanisms of SAD occurrence and maintenance are specific biases in target regulation, as well as cognitive and perceptual selectivity biases of mental activity in personal evaluation situations. The sufferers experience such cognitive and perceptual selectivity bias as self-focused attention concerns (self-perception in a situation "Me as viewed by others"), selective monitoring of the stimuli which threaten their social status, as well as fixing on negative aspects of a situation, and negative prediction. SAD is characterized by metacognitive attributes to anxiety as dangerous and subjectively unacceptable event which displays are evaluated by others as a sign of incompetence or inconsistency, and form the basis for rejection. For sufferers to find themselves in an awkward situation, to be mocked and humiliated are the most significant fears in the situations of personal evaluation which are triggered without their objective analysis. For sufferers participation in the evaluation situations provokes excessive focus on minor operational and technical aspects of activity. SAD is characterized by shift of attention to performance and secondary aspects of self-presentation as related to target priority: shift of motive to target and shift of target to means (What’s about my voice? Are my hands shivering? Someone has smiled; Everyone sees that I’ve blushed). Multitasking of cognitive and perceptual activity for SAD sufferers in the evaluation situations results into fast exhaustion of voluntary attention and disorders in implementation of activity, collapse of anxiety mediation and disorganization of behaviour. Account of the given mechanisms by SAD therapy leads to most effective and consistent therapeutic outcome.

Keywords: Social Anxiety Disorder (SAD), cognitive and perceptual selectivity, target regulation, mental activity, situations of personal evaluation, evaluation, humiliation and mocking, attention biases, self-focused attention.

Bibliographic reference

Modern scientific psychology considers Social Anxiety Disorder (SAD) as fear of negative evaluation in the situations of self-presentation which concept lies within the cognitive theory. Modern SAD models show that this disorder is based on the biased mechanisms of cognitive and perceptual selectivity and target regulation of mental activity.

The majority of SAD models developed by the modern scientists testify to a necessity of detailed study on cognitive and perceptual selectivity in processing of socially relevant information. Such studies are focused on revelation of the specifics of fixity and dysregulation of voluntary mental activity of SAD sufferers.

Within the frameworks of the pathopsychological theory, social anxiety is comprehended through the biased mechanisms of target regulation and mediation of anxiety to be evaluated which disorganizes activity and systematic achievement of the objective in social situations, and is accompanied by loss of target priority, multitasking within the
process of distribution of mental activity resources and their fast exhaustion (B.V. Zeigarnik, E.T. Sokolova, B.S. Bratus; O.A. Sagalakova, D.V. Truevtsev) [1-10]. Generalization and classification of the scientific approaches, analysis of the mechanisms of occurrence and maintenance of SAD symptoms will allow developing the most effective strategy of therapeutic intervention, and achieving consistent therapeutic outcome.

Rapee and Heimberg present one of the most elaborated and empirically confirmed SAD concepts, namely a self-focused attention model as a factor of occurrence and maintenance of anxiety in the situations of social evaluation. The authors describe in details self-focused attention which is characteristic for a socially anxious individual when he/she participates in the situations of personal evaluation [37]. A sufferer, when found in any social situation, develops a mental image of how he/she looks in others’ eyes as they are represented to him/her, and then begins to behave how if he/she were under others’ close supervision (according to this mental image).

The given situation of “Me as an object of evaluation” conflicts with the situation required for successful participation in social situation of “Me as a subject of activity” which leads to subjective controllability and decrease in submission to control during self-presentation (collapse of voluntary regulation of activity).

SAD is characterised by fixed selective attention on “a self-image in others’ eyes”. The given meta-image shows specific cognitive and perceptual biases of SAD sufferers. Cognitive and perceptual prospect of “Me as an object of evaluation” is formed in terms of biased beliefs of self-perception as an awkward, incompetent and inadequate individual in the situations of personal evaluation. Self-focused attention provides a negative reinforcement, gives false experience of acknowledgment of own assumption about how others perceive and evaluate socially anxious individuals, thus supporting tendency to negative prediction and avoiding of participation in the situations of personal evaluation (public performance, interview, acquaintance, conversation, dialogue with the boss, advocacy for own point of view, etc.).

Selective attention by self-focusing attention for SAD sufferers can be a result of metacognitive belief that anxiety is something unacceptable and risky, and its displays are the signs of inadequacy, madness, or ignorance. According to SAD sufferers, anxiety and its exterior signs (blushing, tremor, sweating, dry mouth, stutter, etc.) that can be noticed by others, are subjectively intolerable and humiliating. So, an individual who is anxious for being negatively evaluated perceives the signs of his/her anxiety as an element of “an image of me in others’ eyes”. It attests to the belief that others, who notice the signs of anxiety, will automatically mock, humiliate and reject the sufferer [6, 7, 14, 17, 21, 32, 41].

Namely detection of the signs of excitement by others is subjectively most humiliating and frightening for SAD sufferers. According to the patients with high social anxiety, potential notice of the exterior signs of their excitement in the situations of self-presentation leads to negative consequences up to complete loss of social status.

The attempts to hide the signs of excitement within negative metacognitive context and Self-focusing attention have an adverse effect: social anxiety increases, and becomes an uncontrollable emotion that disorganizes activity within social situation, and as a result provokes avoidance.

SAD sufferers evaluate themselves “in others’ eyes” from a position of whether their self-presentation corresponds to the hypothesized standards of the public involved into the social situation of personal evaluation. Subjective discrepancy between real performance and the hypothesized high standards of others defines a belief that the sufferers are negatively evaluated. This predicted negative evaluation, in turn, causes intensification in anxiety.

Clark and Wells SAD model show that the individuals in test are totally absorbed by selective processing of the socially relevant information, and own image in others’ eyes. They
are prevented from check of reality of their biased beliefs about themselves and the ongoing situation. Cognitive and perceptual selectivity processes are connected with attentional biases focused on themselves, and on past negative experience (rejections, failures) as well [17, 20].

Mathews and Mackintosh offer generalized cognitive model of selective information processing for individuals who are anxious for evaluation. The authors have shown that a so-called threat evaluation system is formed during social interaction, including memory of the specific exterior signs associated with risk of critical evaluation, as well as embarrassing and humiliating events. When any exterior sign of a situation actualized in memory as an embarrassing and humiliating coincides with any exterior sign of the current situation, the co-called threat evaluation system is activated, and the stimulus becomes a fixed focus of attention [32].

For SAD sufferers cognitive and perceptual selectivity of mental activity which is implemented in social situation (for example, public performance), is characterized by hypervigilance to the signals which threaten their social prestige, shift of focus of attention to the exterior signs of the situation which confirms their negative prediction. The individuals focus on the frightening exterior signs of the situation (Someone has distracted, or laughed, or yawned, or frowned, or left the room) which is subjectively connected with the risk of negative evaluation. Actualization and fixed maintenance of threat evaluation system by voluntary attention provokes constant cyclic threat monitoring of negative evaluation and leads to fast exhaustion of mental activity resources.

Self-focusing attention is evidence and result of decrease in voluntary attention focused on target priority of the social situation of personal evaluation. Within such process of ignoring of the external situation, a socially anxious individual has no possibility to deny negative fears and expectations, or check them for correspondence to the reality. As a result, an individual who constantly monitors threat of socially evaluation and constant risk to be criticized demonstrates the signs of hypersafety behaviour which is subjectively safe from the point of view of a potential negative evaluation.

The theory of objective self-awareness (analysis of self as an object) by Duval and Wicklund (1972) demonstrates that the proper position of meta-analysis in the situation of self-presentation is unique and adequate. A unique feature of self-reflexion consists in the fact that it may become an object for self. Along with these ideas, Duval and Wicklund have offered two forms of voluntary attention related to self with the help of such notions as objective and subjective self-awareness. Objective self-awareness takes place when personal attention is focused on self as an object (Me as an object of evaluation by others; in others’ eyes), while subjective self-awareness is focused on the external objects and aspects of the situation (Me as a subject of evaluation) [19].

The authors believe that high-level objective self-awareness forces the individual to perceive such prospect, as through the individual is looking at himself/herself from outside which is a specific kind of self-focusing. Position of subjective self-awareness automatically actualizes in any situation. Other participants of evaluation situation are a powerful stimulus for actualizing of objective self-awareness and self-view from outside, in others’ eyes (Duval S.) [19].

The given idea appears important in diagnostics and treatment of social anxiety, as SAD is characterized by unrealistically overestimated requirements to own social self-presentation along with self-perception in others’ eyes in a certainly negative fashion (Clark D.M.). Such high perfectionistic standards of SAD sufferers are frequently based on biased beliefs or dysfunctional assumptions. The assumption that consciousness triggers self-criticism and even self-abasement is a focus of modern SAD studies [19, 41, 42]. Experimentally provoked objective consciousness of the individuals in test had negative consequences for their self-respect and self-efficacy (Stopa L.) [41, 42].
SAD sufferers are assured that people around them perceive their biased image. Since the ideas of cognitive therapy founder A. Beck it has been recognised that cognitive patterns and assumptions which arise automatically and are irrational, negative or misrepresented, play the key role in occurrence and maintenance of mental disorders, including social anxiety as fear of negative evaluation. Biased prospect of selective attention leads to mental activity disorganization and disorders in implementation of social activity that forms quasi acknowledgement of negative prediction by SAD sufferers as well [10, 11-16, 38, 39, 44, 45].

Clark has assumed that as soon as an individual finds himself/herself in a threatening situation, there is a change in processes of attention to self which includes detailed supervision and self-monitoring for the purpose of self-presentation control (Clark, Wells) [17, 20, 42].

Self-focusing attention facilitates ignoring of the surrounding stimuli and causes disproportionately expressed attention to self as an object, as well as encapsulates social anxiety, thus forming pathological vicious circle for SAD sufferers. Self-regulation theory of Carver and Scheier is a model that is vital for study of mechanisms of self-evaluation of SAD sufferers (Carver C.S.) [14]. The scientists have shown that self-focusing attention forms a feedback cycle, allowing the individual to realize his/her movement to the target within an interaction situation (for example, public performance), and undertake corresponding actions, if certain behaviour strategy shows no outcome. Negative effect of self-fixing arises only when the individual has no subjective possibility to reduce psychological rupture between real behaviour and hypothesized standards (C.S. Carver) [14, 15]. According to the given theory, negative prediction (There is no solution to this problem) provokes most rejections from solving a problem, if high level of self-fixing is observed. Destructive effect of the given voluntary attention bias is most expressed when participants are not sure of success because of their focusing on a potential failure. Carver, Peterson, Follansbee and Scheier have experimentally found out that fixing of attention on a self-image in others’ eyes does not affect the result solely, linearly and separately, but depends on intensity of anxiety. Self-focusing attention may facilitate success of self-presentation for low anxious individuals, or may worsen the situation for high anxious individuals (C.S. Carver) [14, 15].

The majority of modern scientists suggest considering specific cognitive and perceptual selectivity biases in information processing (shift of focus of attention, fixing on past rejections and negative experience of self-presentation, selective attention related to threat stimulus, etc.) (Clark and Wells, 1995; Mathews and Mackintosh, 1998; Rapee and Heimberg, 1997). Within the limits of the specified models, numerous empirical studies of selective attention of SAD sufferers have been conducted, thus specific stimuli on which the individuals are focused and fixed have been measured and served as diagnostic material.

For example, the images of different facial expressions, as well as words and sentences with a threat of social evaluation, rejection, etc. have been used as a stimulus material. Experimental studies have been framed by a single idea about specific cognitive biases in information processing during participation in social situations. It is important to reveal what aspects will be in focus of SAD sufferers’ attention in the evaluation situations, and what aspects will be ignored, what aspects will draw attention, what stimulus will be perceived as significant, and what aspects will be perceived as minor. Besides, mechanisms of regulation and dysregulation of mental activity of SAD sufferers is a rather important issue.

Among the studies devoted to the specifics of selectivity of cognitive and perceptual activity (perception, attention, memory, and thinking) of SAD sufferers, the results of Y.P. Chen, A. Ehlers, D.M. Clark, W. Mansell (2001) are worth mentioning. This study has been dedicated to analysis of negative selective attention of SAD sufferers with generalized social phobia before the people around them [18]. The tests have revealed the role of cognitive biases in processing of social reality stimuli (facial expressions) for SAD
maintenance. Later, when speed of identification of facial expressions (with different emotional expression) and the objects of the external reality (everyday objects) has been compared, it was revealed that irrespective of facial expression (positive, negative, and neutral), objects with unsocial expression (furniture, walls, etc.) have been identified faster.

During similar studies facial expressions of other people often act as a stimulus material because they are the basic source of information about other's response within social interaction which is significant for SAD sufferers. SAD individuals in test are excessively disturbed by the fact how they are perceived by others. They are afraid that will not approve themselves in the best way, or will do something wrong, and as a result will find themselves in a humiliating and awkward situation. On the basis of the general cognitive anxiety model one may assume that persons in test with high social anxiety will be focused on other persons and their faces, and monitor the slightest changes in their facial expressions for the purpose of prevention of judgment or rejection, and thus will pay biased vigilance to negative facial expressions (angry, malicious, unfriendly) (Rapee and Heimberg, 1997). However the given thesis is a disputable one. Thus, clinical experiences have shown that socially anxious individuals simply avoid looking at other people and visual contact with others. Therefore one of the targets of social skills training consists in expanding the range of visual contact of SAD sufferer, thereby to refocus his/her attention to social stimuli which are significant for successful interaction [36, 37, 41].

In a number of studies related to selective attention of SAD sufferers in addition to facial expressions the words containing potential threat to social prestige or threat of evaluation have been used as experimental stimuli. These studies have shown that SAD sufferers have shown specific selective attention biases to the words containing social threat such as silly, ridiculous, or rejection, mocking, inadequate. The majority of the researchers have used the modified Stroop colour test [24, 25, 26, 31, 44]. A person in test has been asked to name the colour of the written words containing social threat (negative evaluation) and the controls word. Increasing errors in identification of the colour of the words containing social threat (criticism, humiliation, etc.) became the basis for an evidence of selective attention towards such words (vigilance towards threatening semantics). It took more time for SAD sufferers to identify the colour of the words containing social threat than that of the control (neutral) words (Heinrichs, Hofmann, 2001) [25]. Despite of the fact that findings using Stroop test match with the findings of the other studies and confirm SAD attention biases, these facts require further studying in regard to potential effect of secondary variables to the finding (Williams, etc., 1996) [31, 44].

Experimental “Dot probe paradigm” test is a technique developed by MacLeod, Mathews, Tata (1986). This test allows avoiding all these interpretational issues. Selective vigilance towards stimuli of social threat is shown within the accelerated response time when a dot is detected on the screen with simultaneous display of the words containing social evaluation [44]. Posner, Snyder, Davidson (1980) and Navon, Magalit (1983) are considered the original developers of this technique. Its standard version provides as follows: two words are displayed on the screen, one over another; a person in test is asked to read aloud the top word (for example, danger), and as soon as possible give response (click the dot) on the screen which replaces one of the words. The first study by Asmundson and Stein (1994) using Dot probe paradigm for study of cognitive and perceptual biases of SAD sufferers have not confirmed that individuals with high social anxiety demonstrate more selective attention to the words containing social threat (for example, humiliation). These findings have been in contrast with the findings of the study on generalized SAD sufferers (MacLeod, 1986) [36, 37, 44].

Meanwhile, Asmundson and Stein (1994) have found out that socially anxious individuals, if compared to the control group, have shown the great speed of dot detection on the screen despite of the dot location after they have read a word containing threat of evaluation. The authors have interpreted such findings as an evidence of increasing vigilance
to external stimuli and intensification of selectivity related to social threat stimuli. However, the findings cannot be unambiguously interpreted as an evidence of attention biases. An alternative interpretation may suggest that when social anxiety is activated (by reading aloud the words containing threat), SAD sufferers begin avoiding detailed information processing connected with the analysis of social stimuli, thus taking away their attention from such stimuli words, and begin closely monitor unsocial stimuli and quickly find the dot on the screen [17, 18].

This is an alternative of automatic compensation of increasing social anxiety in the form of ignoring of the stimuli which may enhance an unpleasant sensation of fear of evaluation. Attention is shifted to un-social stimuli in order to secure a person against further intensification in anxiety. The given technique shows correlation between emotional and cognitive processes of information analysis. It served to demonstrate that selective attention is indeed observed in relation to emotional stimuli by type of intensification of vigilance.

Clark and Yuen (1998) have found out that students with high scores based on Fear of Negative Evaluation (FNE) scale focus their attention away from the faces with negative mimics (towards neutral facial expression) in case they are anxious with the forthcoming public performance (the situation of forthcoming evaluation is being modelled), whereas students with low scores have not shown any selective attention to neutral or negative faces [17, 45]. The scientists (Bradley, etc., 1997) have found out that should a situation of a forthcoming public performance be not been modelled directly after testing, selective attention would have not been affected by the results of negative evaluation test concerning negative emotional mimics (menacing, frightening) [19]. Mansell, Clark, Ehlers, and Chen (1999) have conducted direct comparison of persons in test with high and low social anxiety. Persons in test have been given one of the instructions: either to wait for a forthcoming public performance, or not, prior to solving a problem [20, 45]. This study have also shown that individuals with high anxiety who have been waiting for a public performance, selectively focused their attention both away from negative expression (containing social threat), and positive expression faces. On the contrary, no distinctions between groups with high and low social anxiety have been found provided that no forthcoming public performance have been planned, and these findings do conform to the findings of Bradley et al. (1997) [13].

These findings have shown the key role of the social stimulus form as such (other’s face), rather than its substantial specificity (facial expression). When social anxiety increases, fine situational aspects are thus ignored, fixing of attention on threatening stimulus occurs without consideration of the details of socially relevant information. Quite possibly that when anxiety increases, all faces are perceived as socially evaluating, all kinds of emotional facial expression are perceived as threatening to social prestige despite a variety of mimics. Possibly, an attitude to a forthcoming evaluation distracts selectivity of mental activity, thus different facial expressions are equalled within the frames of their attitudinal role and are perceived as evaluation in a broad sense (actually, it is not important, whether the faces are smiling or frowning; all of them are perceived as generalized stimulus which threatens social prestige). The objective component in the form of actual facial expression is erased by an attitude of a forthcoming participation in the evaluation situation, and is ignored and biased as related to potential evaluation of own skills.

The findings of the group of scientists (Y.P. Chen, A. Ehlers, D.M. Clark et al., 2001) also have confirmed that generalized SAD sufferers have refocused their selective attention away from the faces of the people around, irrespective of their emotional expression. The findings have also corresponded to the most productive metacognitive model of SAD study which underlines the role of self-focused attention and biases of metacognitive information processing (Clark and Wells, 1995; Hartman, 1983; Hope et al., 1989) [17, 22, 40].
The group of scientists (Horley K., Williams L.M., Gonsalvez C., Gordon E., 2004) have published a scientific work named “Face to face: visual scanpath evidence for abnormal processing of facial expressions in social phobia” which states their basic findings. As a whole, modern cognitive models of social anxiety show that cognitive biases and fear of negative evaluation lead to an increased vigilance, specific cognitive and perceptual selectivity related to socially relevant sources of threat [29]. Indicators of specific cognitive and perceptual activity of SAD sufferers (supervigilance, threat monitoring, and avoidance of direct eye contact) are considered as key ones; they are obvious, easily modelled during experiments and recorded, and are subject to direct observation. So, the scientists have employed a technique of infrared reflex by cornea (Horley K., Williams L.M., Gonsalvez C., Gordon E., 2004) in order to analyse the features of visual scanpath of faces with different expressions (angry, sad and happy contrary to neutral). The authors have tested and compared anxious individuals to the standard control group similar by sex and age. The findings have shown that, indeed, SAD sufferers have experienced an intensification in selective vigilance (scanpath increased) and avoidance of eye contact (less fixation on the glance) that has been most expressed if angry face [29] has been shown.

Research practice of SAD mechanisms is dominated by a fundamental role of selectivity bias of cognitive and perceptual activity (supervigilance of perception, focus of attention on stimuli of the situation containing potential threat to social prestige). It is also characterized by growth in number of studies which analyse difficulties of release from vigilance and selective fixity of SAD sufferers (Amir N., Elias, J. (2002). N. Amir, J. Elias, H. Klumpp, A. Przeworski using the revised Dot probe paradigm have shown that focus of attention on potential danger of SAD sufferers has been revealed through a difficulty of switching of attention focused on the threat, instead of the problems corresponding to the situation [11].

The group of Canadian researchers including Karen E. Roberts, Trevor A. Hart, John D. Eastwood (2010) have studied specifics of selective attention of the persons in test with high and low social anxiety or depression related to the words containing threat to social prestige or health. The authors’ findings have shown that high social anxiety is characterised not so much by attention biases related to the stimuli containing potential threat of evaluation, as lack of safeguarding processes of selectivity (switch of focus of attention away from socially threatening stimuli) [38].

A number of studies analyse therapeutic efficiency of Attention Training Techniques (ATT) applied as an unsurpassed therapeutic strategy. ATT have proved to be an effective treatment of panic frustration (Wells, 1990; Wells, White, Carter, 1997), morbid depressions (Papageorgiou, Wells, 1998), recurrent heavy depression (Papageorgiou, Wells, 2000) and social phobia (Wells, 1997) [34, 35, 43]. According to metacognitive theory, social anxiety and avoidance deserves expedient consideration in terms of a challenge of processing current information, as well as in connection with a challenge of impartial voluntary attention. Given construct arises within the theory of self-regulation related to information processing by emotional frustration sufferers (Vels, Mettjus, 1994), and it is considered as metacognitive state which promotes an intensification in psychological flexibility by mental frustration sufferers.

Impartial voluntary attention consists of the whole system of elements including necessary activation of metacognitive perception, metacognitive monitoring and control, suppressed (blocked) cognitive processes, flexibility/constriction of attention, cognitive fixity/decentration of attention. All anxiodepressive disorders are united by activation of biased thinking and attentional patterns referred to as Cognitive Attentional Syndrome (CAS) consisting of rigid self-focused attention, perseverate style of thinking in the form of anxious pre- and post-rumination disorders, fixed strategy of attention and monitoring of threat, as well as suppressed thoughts [43].
CAS is a pattern of strategic processes of activity which is automatically triggered by metacognitive perception stored in the memory. The examples of metacognitive beliefs as beliefs about the internal mental phenomena (thoughts, emotions, image thoughts) are as follows: “I should be worried in response to the negative thoughts in order to be ready to anything. If I focus my attention on each threat, I can avoid troubles. Thoughts about the worst that may happen will prevent disappointment. I should not think positively, otherwise, I tempt Providence. Experiencing past over and over again will allow me not forgetting important information.”

Others metacognitive beliefs concerning importance and danger of thoughts and emotions are also significant for formation of personal interpretation of life experience. Negative beliefs about fatal consequences of thoughts and emotional experience are of special importance. CAS lies in a focus on threat evaluation, shortage of information that could change false beliefs that exhaust attentional resources to more adaptive response. According to metacognitive approach, one may state that not so much an anxiety prevents a person from public performance, or getting acquainted with a person he/she has liked, as a thought that experiencing anxiety is subjectively uncomfortable (“I cannot cope with it), anxiety is intolerable and dangerous, while its signs are indicative of low intelligence and inferiority, and when noticed by others, will give occasion to inevitable rejection, mocking, loss of social prestige, etc. [43]

Voluntary regulation of attention (detached mindfulness) offered by the given model is a state of awareness on the internal phenomena which excludes the attempts of its control or restraint and behavioural response to it (regulation, but not control). So, a SAD sufferer has been afraid that her social anxiety could become permanent if she has not tried to control it. Her attempts to control anxiety have had adverse effect as she has not understood that anxiety could not fiercely persist even if she has tried to prolong it. Application of voluntary attention regulation techniques as control techniques has had adverse effect.

A. Wells has offered the techniques of achievement of detached mindfulness. This is a state used for contribution to metacognitive and cognitive changes in the beliefs, and is applied as a usual form of metacognitive therapy among various treatment strategies. These techniques are focused on handling of attention process, decentration of fixed attention on own internal mental phenomena experienced by SAD sufferers, and development of skills of complete and impartial voluntary attention [43].

These techniques show that attention will switch by itself if a sufferer leaves his/her attempts of active control of a mental phenomenon (thoughts, emotions), and allow them occur and proceed freely. As it appears, impartial and passive, but voluntary regulation of attention may become that very new skill which is required to be modelled for SAD sufferers. All techniques represent some metaphorical analogies that are the images of various phenomena (floating clouds; a tiger as a wild animal; dark blue rabbit of whom it is not necessary to think; a disobedient child; a rushing train, etc.); their control is senseless and ineffectual, however their close supervision without any attempts to intervene and control are the best way to correct attention processes, and, as a consequence, its painless switching (without any efforts). Metacognitive therapy is an effective treatment of anxious disorders as it includes development of impartial concern towards obsessions, post-situational obsessive images about participation in the evaluation situations that makes control or avoidance subjectively unnecessary.

For the purpose of changes in social anxiety state and dysfunctional beliefs of SAD sufferers, training techniques of redirection of attention from self to the exterior signs of social environment in the course of exposition are seem to be more effective strategy than the isolated technics of exposition. These findings confirm the thought that rigid self-fixing promotes maintenance of mental frustration; therefore the strategies of interference may appear useful. Peculiar exposition of thoughts of SAD sufferers taking into account the strategy of non-interference to the process is directed on release of thinking process from
chaotic automatic and rigid processes of analysis which do not result into adaptation and mental comfort/health (to become an observer of the arising mental phenomena). It is important not to change the contents of the thoughts, but to release cognitive and perceptual process of information processing from redundancy of control leading to obsession on its contents. Voluntary regulation of attention without any attempts of secondary control resembles classified desensibilization applied by behavioural therapy for the purpose of decrease of SAD symptoms, but placed within the thinking process which involves all mental activity (attention, memory, imagination, motivation and volition). An importance of absence of a necessity in trying to get rid of the thoughts, but literally give them freedom to arise, and observe the process of their actualization, is underlined herein. This allows voluntary control of attention, its decentration and comprehending obsessions as internal phenomena within the limits of mental activity which may arise, but is not real, and may not harm [15-24, 28-30].

Purposefulness of activity and target regulation by SAD sufferers is distorted due to the disorders of the described above biased processes of cognitive and perceptual activity. The ideal target of participation in social situation of evaluation frequently appears to be identified with a real situation (F. Hoppe, B.S. Bratus et al.), and subjective evaluation of real opportunities in the situation, as a consequence, strongly depends on current evaluation (success or failure). It dooms self-efficiency and self-estimation of a person to vulnerability and instability during participation in the situations of personal evaluation. A person overestimates in advance the requirements in prospect of self-evaluation in others’ eyes, thus ignoring his/her real opportunities in such situation and overestimating hypothesized requirements to his/her success [1-10].

Social anxiety is characterized by emotional and motivational mismatch between fear of evaluation situations, a tendency to avoid them, and a desire to participate when confident of success. Frequently their need to participate in such situations with successful outcome, the value of positive evaluation is evaluated well over, than by the persons with low and average social anxiety. SAD sufferers are characterised by simultaneous combination of motivation of avoidance and motivation of achievement. High requirements and need of positive evaluation is combined with subjective intolerance of the situation of negative evaluation (failure), and risk of rejection. As for SAD occurrence, the motives of social nature are originally adequate (desire to be liked, quest for excellence, desire to be accepted), however within the progress of disorder there is a shift of motive to target, and it's not any more the desire to achieve that motivates and assign meaning to activity of a person, but the desire not to be anxious and pressed in social situations, the desire to hide the signs of own anxiety. As related to own activity, this mechanism is expressed by shift of focus to separate operational and technical aspects of activity. Attention is focused not on own process of success achieving, recognition and support, but on display of the signs of excitement in these situations (How not to show the signs of excitement; How to avoid risky circumstances; The examiner makes some notes; I feel like my face is burning; The question is posed in an unfriendly manner; My hands are shivering, and others have noticed it; They will think I'm incompetent) (Sagalakova O.A. Truevtsev D.V.) [6-10].

Voluntary attention of SAD sufferers is decreased; their behaviour is disorganized and ceases to be regulated by target of activity. It appears to be gripped by minor stimuli connected with an anticipation of danger, threat of being mocked, rejected, criticized, and loosing social prestige. Direct evaluation of the results of activity by SAD sufferers sharply underestimates the opportunities of self-regulation and organization of own behaviour, thereby, postponing an opportunity of successful participation in the evaluation situation.

The process of constructive regulation of mental activity in social situation is possible only upon active focus on an image of target, its preservation in the operative memory throughout all activity with simultaneous abstraction from insignificant details (P.K. Anokhin, B.V. Zeigarnik, A.R. Luriya, B.S. Bratus et al.). All cognitive and perceptual processes should
be built up according to the target implemented at the moment with continuous abstraction from the distracting stressful stimuli (Someone talks in audience; The teacher makes notes; I feel like my face is burning; The question is posed in an unfriendly manner; etc.) (O.A. Sagalakova, D.V. Truevtsev) [6-9].

Thus, the ability to voluntary control social anxiety in the situations of personal evaluation is connected with modelling of a flexible system of regulation of cognitive and perceptual mental activity within completion of the specific targets, as well as use of the adequate symbolical means of seizure and mediation of anxiety, organization of stage-by-stage and adaptive target setting.

References


