

# Social Anxiety: The role of experiential acceptance in avoidance behavior of social situations

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## BACKGROUND

In line with a general ACT model, acceptance and mindfulness-based approaches have been studied in social anxiety disorder (SAD) in order to better address social anxiety symptoms.

Herbert & Cardaciotto (2005) proposed a specific ACT theoretical model to explain SAD's behaviour disruption, in which physiological arousal and cognitions related to social evaluation in social situations would trigger an increase in self-focused attention, which, in a context of low acceptance, would lead people to engage in a variety of experiential control strategies that would backfire, increasing anxiety-related arousal, and leading to behavioral disruption.

This study sought to explore: a) the associations between cognitive and physiological arousal, self-focused attention, experiential acceptance and social avoidance; b) the mediator role of self-focused attention and experiential acceptance in the relationship between physiological/cognitive activation and behavioural avoidance of social situations.

## METHOD

### Participants

- Ages between 14 and 18 years old
- 9 to 12 years of education

<b>Participants</b>	N = 399
<b>Gender</b>	61% female
<b>Age</b>	$M = 15.38$ ; $SD = 1.14$
<b>School years</b>	$M = 9.74$ ; $SD = .846$
<b>Socio-economic status</b>	Low = 56.6% Medium = 36.9% High = 6.5%

### Measures

**Social Phobia and Anxiety Inventory for Adolescents (SPAI-B)** (Garcia-Lopez et al., 2008; Vieira et al., 2013): To assess cognitive (CA) and physiological (PhyA) symptoms of social anxiety.

**Social Anxiety-Acceptance and Action Questionnaire for Adolescents (SA-AAQ-A)** (Vieira et al., 2017): To assess acceptance of social anxiety symptoms.

**Self-focused Attention for Adolescents (SFA-A)** (Salvador & Fontinho, 2017): To evaluate self-focused attention.

**Social Anxiety and Avoidance Scale for Adolescents (SAASA)** (Cunha et al., 2004): The avoidance subscale was used to assess behavioral disruption.

### Statistical analysis plan

Two serial multiple mediation models were performed (according to one of the two IVs: i) cognitive activation, ii) physiological activation) with SFA (M1) and SA-AAQ (M2) as mediators, and behavioral avoidance as the outcome.

## RESULTS

### Correlational Study

All variables under study were significantly ( $p < .001$ ) correlated with each other (see Table 1).

Table 1. Correlations between all measures under study

	SFA	SA-AAQ-A	SAASA	SPAI_CA	SPAI_PhyA
SFA		-.48	.41	.53	.46
SA-AAQ-A	-.48		-.44	-.56	-.41
SAASA	.41	-.44		.51	.43
SPAI_CA	.53	-.56	.51		.61

### Mediation Study

Results from both mediation analysis can be seen in Table 2. All indirect effects (MV – self-focused attention and experiential acceptance) were significant.

Table 2. Total, direct and indirect effects

	Coefficient	SE	Bootstrapping BC 95% CI	
			Lower	Upper
<b>IV – Cognitive Activation; DV – Social Avoidance</b>				
Total effect (c)	2.5080	0.3084		
Direct effect (c')	1.5193	0.3579		
Indirect effects				
Total indirect effect	0.9887	0.2327	0.5556	1,4743
Indirect effect 1 (IV – M1 -DV)	0.4094	0.1651	0.1021	0.7533
Indirect effect 2 (IV – M1- M2 -DV)	0.0906	0.0441	0.0266	0.2058
Indirect effect 3 (IV – M2 -DV)	0.4888	0.1503	0.2261	0.8158
<b>IV – Physiological Activation; DV – Social Avoidance</b>				
Total effect (c)	1.9036	0.2984		
Direct effect (c')	1.0217	0.3038		
Indirect effects				
Total indirect effect	0.8819	0.1668	0.5764	1,2278
Indirect effect 1 (IV – M1 -DV)	0.3802	0.1281	0.1490	0.6560
Indirect effect 2 (IV – M1- M2 -DV)	0.1623	0.0517	0.0816	0.2868
Indirect effect 3 (IV – M2 -DV)	0.3394	0.0947	0.1810	0.5582

## CONCLUSIONS AND IMPLICATIONS

- Higher levels of self-focused attention and lower levels of experiential acceptance are associated with higher levels of cognitive and physiological activation and with higher levels of avoidance of social situations;
- Self-focused attention and experiential acceptance have an important mediator role in the prediction of avoidance behaviours (avoidance of social situations);
- These results can inform future research and clinical practice. Self-focused attention and experiential acceptance are, indeed, important intervention targets in SAD's interventions.