# Confirmatory reasoning in social phobia: How does belief bias relate to complaint reduction?

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**Ethical review** Approved WMO **Status** Recruiting

**Health condition type** Anxiety disorders and symptoms **Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON30694

#### Source

**ToetsingOnline** 

#### **Brief title**

Belief bias and social phobia

### **Condition**

Anxiety disorders and symptoms

#### **Synonym**

social anxiety; fear of disapproval

## Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Rijksuniversiteit Groningen

Source(s) of monetary or material Support: Ministerie van OC&W,NWO

## Intervention

**Keyword:** belief bias, Cognitive Behavioural Therapy (CBT), information processing bias, social phobia

### **Outcome measures**

## **Primary outcome**

- differences in belief bias over the course of treatment (pre vs post)
- differences in anxiogenic automatic memory associations over the course of treatment (pre vs post)
- differences in biased facial emotion detection over the course of treatment (pre vs post) and related behaviour patterns.
- --- predictive value of above mentioned measures in the return of complaints at follow-up

## **Secondary outcome**

To find out which part of the reasoning bias is caused by activation of dysfunctional automatic associations, and which part is caused by biased mental operations.

# **Study description**

## **Background summary**

Dysfunctional beliefs, such as beliefs about rejection or shame, play a vital role in social phobia. It has been found that highly anxious people reason in a way that acts to confirm rather than to falsify their dysfunctional beliefs (also known as belief bias, Vroling and de Jong, 2007). This reasoning bias logically helps maintain the social phobia through maintaining the dysfunctional, social phobic, beliefs. Belief bias is in itself a common reasoning process. The causal status of this reasoning bias is still unclear. In a first attempt to tackle part of the causality question, we wish to study the decrease of belief bias over the course of symptom reduction (through

treatment). Furthermore, the current study design enables us to examine the predictive value of belief bias in the decrease and/or increase in social phobic complaints. Through these analyses, a clear interpretation of the role of belief bias in complaint maintenance can be achieved (belief bias should decrease when symptoms decrease) and some light can be shed on the role of belief bias in complaint development (predictive value of belief bias on return of complaint).

Furthermore, it is still unclear whether belief bias becomes dysfunctional because of the underlying dysfunctional beliefs, or that social phobic patients are indeed characterised by more belief biased reasoning which makes it difficult to integrate counterintuitive information. We wish to target this distinction by measuring both reasoning performance (amount of belief bias) and automatically associated dysfunctional beliefs.

Finally, we wish to investigate how other information processing biases develop over the course of treatment. More specifically, we wish to investigate the role of automatic evaluation tendencies in emotion recognition, and biased response tendencies.

## **Study objective**

Our main objective is to gain insight in the possibly causal role of belief bias in maintaining social phobia. As a subsidiary issue, we wish to disentangle the differential influences of automatic beliefs and analytic reasoning processes in generating belief biased responding. Furthermore, we wish to gain insight in the relation of facial emotion detection (and related behaviour patterns) and social phobia.

#### Study design

Quasi-experimental study

## Study burden and risks

Social phobia patients will be tested on 3 occasions at their treatment centre. Panic disorder patients will only be tested at T1, prior to the start of treatment. testing will take place at the treatment facility. Non-clinical control subjects will be tested on T1 and T2 (separated by 6 months) at the university laboratory.

## **Contacts**

#### **Public**

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## **Trial sites**

## **Listed location countries**

Netherlands

# **Eligibility criteria**

## Age

Adults (18-64 years) Elderly (65 years and older)

## Inclusion criteria

suffering from either social phobia or panic disorder (with indication for ambulant CBT treatment)

non-clinical control group: resembling social phobia patient group concerning sociademographic characteristics

## **Exclusion criteria**

estimated IQ below 90

# Study design

## **Design**

Study type: Observational non invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Basic science

## Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 15-01-2008

Enrollment: 115

Type: Actual

## **Ethics review**

Approved WMO

Date: 30-03-2007

Application type: First submission

Review commission: METIGG: Medisch Ethische Toetsingscommissie Instellingen

Geestelijke Gezondheidszorg (Utrecht)

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

CCMO NL15824.097.07