ABSTRACT

Priming an interdependent self-construal causes increased allocentric social evaluative

concerns in Western sample

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Prior research suggests that egocentric and allocentric social evaluative concerns

are present in both Western and Eastern cultures, and that an individual's social

evaluative concerns may reflect his or her self-construal more than his or her cultural

orientation. In order to evaluate the extent to which allocentric social evaluative concerns

are engendered by an interdependent self-construal, the present study experimentally

manipulated self-construals with a cultural prime. Participants included 66 adult Amazon

Mechanical Turk users who were located in the United States and who mostly self-

identified as white/Caucasian (72.7%). Participants were randomly assigned to one of

two priming conditions, and results revealed significant main effects of the priming

activity on allocentric social evaluative concerns. Participants who received the

collectivism prime reported more allocentric social evaluative concerns than did

participants who received the individualism prime. Thus, allocentric social evaluative

concerns seem to be tied more closely to an interdependent self-construal than to

membership in a collectivistic culture.

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PRIMING AN INTERDEPENDENT SELF-CONSTRUAL CAUSES INCREASED
ALLOCENTRIC SOCIAL EVALUATIVE CONCERNS IN WESTERN SAMPLE

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CHAPTER ONE

Introduction

Social anxiety is a common phenomenon experienced by people around the world. Indeed, experiencing anxiety in performance or social interaction situations is considered normal. Although one may seek to avoid situations in which one is anxious—by not volunteering to give a presentation at work, for instance—mild social anxiety is commonly experienced, and typically does not significantly interfere with one's life. When significant impairment does occur as a result of social anxiety, a clinician might conclude that a diagnosis of social anxiety disorder (SAD) is warranted. According to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994), social anxiety warrants a diagnosis of SAD when, along with additional criteria being met, it is persistent and impairs one's life. The impairment is manifested as intense anxiety and distress whenever feared situations prove unavoidable (American Psychiatric Association, 1994). Although the DSM-5 (American Psychiatric Association, 2013) revises some criteria for the diagnosis of SAD, it maintains these noted criteria, and thus does not offer a new conceptualization of SAD *per se*. Ultimately, the severity of the symptoms and amount of life interference distinguish clinical SAD from normal, mild social anxiety (Kollman, Brown, Liverant, & Hofmann, 2006).

SAD can include social anxiety across a variety of situations resulting in severe life impairment (Aderka et al., 2012; Beidel, Rao, Scharfstein, Wong, & Alfano, 2010), but SAD can also involve social anxiety that is limited to a specific performance

situation, such as public speaking (Beidel et al., 2010). Treatment for SAD may include

medication and psychotherapy. Among available intervention strategies, research

suggests that psychotropic medication (for a review, see Muller, Koen, Seedat, & Stein,

2005) and cognitive-behavioral therapy (CBT; e.g., Muller et al., 2005; Wallach, Safir, &

Bar-Zvi, 2009) are especially useful in treating SAD.

Most psychotherapy options for treating SAD, such as CBT, are based on current

models of SAD that seek to explain the experience and the continuation of social anxiety.

For instance, Clark and Wells (1995) proposed a cognitive model of social anxiety.

According to their model, individuals with social anxiety assume that there is a danger of

behaving ineptly or unacceptably in social situations and that this behavior will lead to

undesirable social consequences, such as negative evaluation. Ultimately, individuals

perceive particular social situations as threatening due to their dysfunctional cognitions

(e.g., conditional social evaluative beliefs). Prior to these social situations, individuals

recall negative past experiences, envision a negative future performance, and may

attempt to avoid these situations entirely. When in these social situations, the assumed

existence of danger causes the mental and physical experience of anxiety (Clark & Wells,

1995).

According to Clark and Wells (1995), upon experiencing symptoms of anxiety,

individuals perceive elevated levels of danger and become preoccupied with the physical

symptoms of anxiety and with negative social evaluative thoughts. As a result of this

preoccupation, individuals are unable to process social cues and may then behave

anxiously. This anxious behavior potentially causes others to behave differently (e.g., in a

less friendly manner), which in turn confirms the individuals' fear of undesirable social

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consequences. Even if others do not confirm the individuals' fear of negative evaluation, individuals are typically so focused on their negative internal social evaluative thoughts that they likely do not notice any positive social feedback. Behavioral symptoms of anxiety, such as safety behaviors, also contribute to the physical symptoms and sensations that the individuals fear. Following a given social situation, individuals negatively evaluate their own performances and compare it to past performances (Clark & Wells, 1995).

Clark and Wells' (1995) cognitive model is joined by other conceptual models of social anxiety (e.g., Rapee & Heimberg, 1997) that also focus on individuals' social evaluative concerns as key contributors to social anxiety and view individuals' experience of and reaction to social anxiety as a vicious cycle. Pursuant to present research, existing models of social anxiety (i.e., Clark & Wells, 1995; Rapee & Heimberg, 1997) emphasize the role of fear of negative evaluation in the phenomenology of social anxiety. Following from these models, fear of negative evaluation is considered a central target within CBT for social anxiety (Clark, 2001).

Intuitively, the role of fear of negative evaluation makes sense for social anxiety both at the clinical and subclinical levels. That is, if individuals believe that there is a danger of behaving ineptly or unacceptably in a given social situation and that this behavior will result in negative evaluation, they will likely experience heightened social anxiety in that social situation. However, this assertion stems from research conducted in Western cultures. Research on social anxiety in Eastern cultures suggests that the fear of negative evaluation is also a component of social anxiety in the East, but the anticipated consequences of negative evaluation are different than the anticipated consequences of

negative evaluation in Western cultures.

When considering social anxiety in the East, it is important to initially differentiate social anxiety in the West and social anxiety as it is known in the East. *Taijin-Kyofu-Sho* (TKS) refers to a type of social anxiety that is most commonly diagnosed in the East (e.g., Japan) (Choy, Schneier, Heimberg, Seob, & Liebowitz, 2008). Recently, TKS has been considered to encompass two subtypes: general/simple type and offensive/delusional type (e.g., Kasahara, 1987; as cited by Choy et al., 2008). Some suggest that general TKS parallels SAD in the West, and comparisons can be drawn between the two disorders (Choy et al., 2008). Offensive TKS is characterized by "the fear that others will notice some perceived physical defects…or that they will exhibit behaviors seen as socially inappropriate or awkward" (Choy et al., 2008, p. 231). The belief that one possesses physical defects that will harm or offend others distinguishes offensive TKS from generalized TKS and SAD (Choy et al., 2008).

The key distinction between SAD and both subtypes of TKS is the locus of fear. Whereas SAD in the West is characterized by fear of self-embarrassment, TKS in the East is characterized by the fear of offending others (e.g., Stein, 2009). In the West, negative social evaluation would primarily have implications for the individuals who are or perceive themselves as being negatively evaluated. Thus, individuals with SAD should have self-focused or egocentric social evaluative concerns. Conversely, individuals with TKS in the East fear that negative evaluation will result in others being offended instead of resulting in consequences for themselves. Individuals with TKS should thus have other-focused or allocentric social evaluative concerns.

According to diagnostic criteria, TKS is a culture-bound syndrome (American

Psychiatric Association, 2013). In light of the values, norms, and individualistic and collectivistic cultures that predominate in the West and in the East respectively, the classification of TKS as a culture-bound syndrome is logical. In collectivistic cultures, one's sense of self tends to be intertwined with the family and groups to which one belongs (e.g., Markus & Kitayama, 1991). Individuals from collectivistic cultures who define their sense of self based on their social roles and relationships can be said to have interdependent self-construals (Vriends, Pfaltz, Novianti, & Hadiyono, 2013). Thus, the occurrence of other-focused social fears in the East is unsurprising. Conversely, in individualistic cultures one typically establishes one's sense of self independently from the family or other groups (e.g., Markus & Kitayama, 1991). Individuals from individualistic cultures may be more likely to have an independent self-construal that focuses on autonomy (Vriends et al., 2013). This sense of self and independent self-construal within individualistic cultures seems to align with the self-focused social anxiety of the West. According to this reasoning, the distinction of TKS as a culture-bound syndrome and the differing loci of fear in SAD and TKS makes conceptual sense.

Furthermore, research has found differences between individualistic and collectivistic populations in their relations to and experiences of social anxiety. One study determined that people in collectivistic countries experienced more social anxiety and fear of blushing than people in individualistic countries (Heinrichs et al., 2006; Schreier et al., 2010). Even though participants in collectivistic and individualistic countries reported similar personal acceptance of socially withdrawn behavior, such as not speaking up in class when one knows the correct answer, participants in collectivistic countries believed that local social norms accepted socially withdrawn behavior more

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than participants in individualistic countries did (Heinrichs et al., 2006; Schreier et al., 2010). Thus, perceived social norms differed from actual social norms (Heinrichs et al., 2006; Schreier et al., 2010). Varying social norms, whether real or perceived, may explain some differences in the prevalence and symptoms of social anxiety in individualistic and collectivistic countries. However, Schreier et al. found that participants from Latin America reported less social anxiety than participants from both individualistic and East Asian countries, although both Latin American and East Asian countries were classified as collectivistic. Thus, additional factors must be considered in order to understand cultural differences in social anxiety.

Despite the aforementioned differences between individualistic and collectivistic countries, research also suggests that the distinction between SAD in the West and TKS in the East is not so clear. For example, McNally, Cassiday, and Calamari (1990) challenged the extent to which TKS is culture-bound with a case study of a 34-year-old African American woman with TKS. She feared embarrassing others by glancing at their genitals during face-to-face conversations and in other situations in which she was able to look at others' genitals. Most important, though, is the fact that she developed this fear of embarrassing others without having lived in a collectivistic culture (McNally et al., 1990). This case study challenges the assertion that allocentric social evaluative concerns are specific to individuals from Eastern cultures.

Moreover, Kleinknecht, Dinnel, Kleinknecht, Hiruma, and Harada (1997) developed a *Taijin Kyofusho* Scale (TKSS) and noted substantial shared variance between the TKSS and other measures of social anxiety typically used in the West. More specifically, the components of the TKSS which indicate general TKS were more

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strongly correlated with the Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998) than were those TKSS components which indicate offensive TKS (Kim, Rapee, & Gaston, 2008). Kim et al.'s study therefore suggests that offensive TKS and social anxiety are, in fact, linked. Individuals with social anxiety reported more offensive social evaluative concerns than did individuals without any clinical disorders, and they experienced reductions in these social evaluative concerns following treatment for social anxiety (Kim et al., 2008).

Findings from a study completed by Choy et al. (2008) provide further support for the possibility that individuals from Western cultures also experience allocentric social evaluative concerns. Choy et al. developed a TKS Questionnaire (TKSQ) for their examination of people diagnosed with SAD in the United States (U.S.) and Korea. The TKSQ measures (the) fears of self-embarrassment, discomforting others, and offending others regarding issues such as body odor and blushing (Choy et al., 2008). Choy et al. found that 75% of participants reported at least one offensive TKS symptom as measured by the TKSQ, and between approximately 15-40% of the participants from the U.S. reported moderate-to-severe fear of offending others. Taken together, existing studies call the classification of TKS as a culture-bound syndrome into question by demonstrating that TKS symptoms are present within Western samples.

Ultimately, prior findings indicate that egocentric and allocentric social evaluative concerns are not necessarily unique to the West or the East. Although egocentric social evaluative concerns may be more prevalent in Western cultures and allocentric social evaluative concerns may be more prevalent in Eastern cultures, individuals' self-construal may be more important than their membership in or identification with a

particular culture when determining the focus of her social evaluative concerns. Vriends et al. (2013) proposed that egocentric and allocentric social evaluative concerns are not tied to individuals' membership to Western, individualistic cultures or Eastern, collectivistic cultures, respectively. Instead, Vriends et al. suggest that individuals' social evaluative concerns and, thus, individuals' experiences of social anxiety are tied to whether the individuals have independent or interdependent self-construals. Although a tenable possibility, Vriends et al.'s suggestion has yet to be fully empirically tested.

  The present study sought to address this gap in the literature by directly testing Vriends et al.'s (2013) suggestion that different self-construals engender different social evaluative concerns. In this study, Trafimow, Triandis, and Goto's (1991) priming method was used to experimentally manipulate self-construal. Trafimow et al. instructed participants to think about what made them different from family and friends or what they had in common with family and friends. According to Oyserman and Lee (2008), this priming exercise constitutes a relational-level cultural prime, and makes individualism and collectivism, respectively, salient and accessible to participants. In one replication of Trafimow et al.'s priming method, the priming manipulation was effectively used to manipulate participants' use of first-person pronouns (i.e., use of singular or plural first-person pronouns; Na & Choi, 2009). In effect, the relational-level cultural prime should temporarily modify participants' self-construals: the individualism prime should promote an independent self-construal, and the collectivism prime should promote an interdependent self-construal. Prior research supports the use of a cultural priming activity for priming self-construals. Gardner, Gabriel, and Lee (1999) used a relational- and group-level prime to manipulate participants' self-construals. Participants

from the U.S. who received a collectivism, interdependence prime reported more interdependent self-construals than participants who received an individualism, independence prime (Gardner et al., 1999). Individuals' self-construals reflect their orientation to others, and because orientation to others is related to social anxiety, it was hypothesized that participants in the collectivism priming condition would report experiencing more allocentric social fears than participants in the individualism priming condition.

In light of the overlap between SAD and TKS, researchers have suggested that SAD and TKS may not be as specific to individualistic and collectivistic cultures, respectively, as some believe. The predicted findings of the present study would support this suggestion and challenge the culture-specific nature of allocentric social evaluative concerns. Should the current predictions be supported, such findings would have potentially important implications for the conceptualization and treatment of social anxiety. For example, only egocentric social evaluative concerns are a part of contemporary conceptualizations and treatments of social anxiety in Western cultures (Clark, 2001; Clark & Wells, 1995; Rapee & Heimberg, 1997). The predicted findings would suggest that individuals' self-construals are more important in determining their social evaluative concerns than cultural membership. Thus, if the predictions are supported, existing conceptualizations and treatments of social anxiety in Western cultures ought to be broadened to consider the role of self-construal and allocentric social evaluative concerns.

CHAPTER TWO

Methods

Participants

The sample consisted of 66 adult Amazon Mechanical Turk (MTurk) users (23 women, 43 men) who participated in the study online and at their convenience. The mean age was 29.7 years ($SD = 11.4$; age range: 18-67 years). Most participants identified themselves as white/Caucasian (72.7%), but some identified as Asian (10.6%), black/African American (9.1%), Hispanic/Latino (4.5%), and bi- or multi-racial (3.0%).

Measures

Choy et al.'s (2008) TKSQ assesses social evaluative concerns — their severity and their orientation. As stated previously, the TKSQ specifically measures individuals' fears of self-embarrassment, discomforting others, and offending others regarding issues such as body odor and blushing (Choy et al., 2008). Individuals report the severity of their fear on a four-point scale: $0 =$ not fearful at all, $1 =$ mildly fearful, $2 =$ moderately fearful, and $3 =$ extremely fearful (Choy et al., 2008). The TKSQ includes social evaluative concerns that are specific to the offensive subtype of TKS (i.e., offensive TKS symptoms), such as fear of body odor, and social evaluative concerns that are common to both TKS and SAD, such as fear of blushing. For the present study, only the social evaluative concerns specific to the offensive subtype of TKS were analyzed. The 30 items of the TKSQ can be broken down into six subscales, three of which were included in the present study: (1) fear of self-embarrassment due to offensive TKS symptoms, (2)

fear of discomforting others due to offensive TKS symptoms, and (3) fear of offending

others due to offensive TKS symptoms (Choy et al., 2008). The TKSQ items of interest

in this study are presented in the Appendix.

Procedures

Participants were recruited through the Amazon MTurk website and were offered

a small sum of money ($0.50) for their participation in the experiment. Recruitment was

limited to MTurk users over 18 years of age and located in the U.S. at the time of their

participation. Participants were required to provide electronic consent, and there was no

penalty for withdrawing from the study. First, participants were asked to provide

demographic information. To ensure the predicted findings were robust to the effects of

social anxiety, social anxiety was assessed using Fergus, Valentiner, McGrath, Gier-

Lonsway, and Kim's (2012) short form of Mattick and Clarke's (1998) Social Interaction

Anxiety Scale (SIAS-S). The completion of the SIAS-S was randomized with

approximately half of participants completing it before the priming activity and other half

of participants completing it after the priming activity.

Participants were randomly assigned to complete a priming activity in one of two

conditions: (1) individualism priming or (2) collectivism priming. Following Trafimow et

al. (1991) and Na and Choi (2009), participants in the individualism priming condition

were asked, "For the next two minutes, please think of what makes you different from

your family and friends and write it down." In the collectivism priming condition,

participants were asked, "For the next two minutes, please think of what you have in

common with your family and friends and write it down." As a part of the experimental

manipulation, participants typed their responses to the primes in a text box. Participants then completed the TKSQ.

CHAPTER THREE

Results

Both experimental groups included 33 participants, and the two groups were similar in regards to their demographic characteristics. Age did not significantly differ among the participants in the two experimental groups ($t_{(64)} = 1.24$, *ns*). Likewise, gender ($\chi^2_{(1)} = 1.67$, *ns*) and race/ethnicity ($\chi^2_{(4)} = 9.32$, *ns*) did not differ among participants in the two experimental groups. The SIAS-S demonstrated good internal consistency in the individualistic experimental group ($\alpha = .87$) and the collectivistic experimental group ($\alpha = .83$). Based on the SIAS-S scores, social anxiety did not significantly differ among the participants in the two experimental groups ($t_{(64)} = 1.34$, *ns*). Additionally, the targeted scales of the TKSQ demonstrated adequate internal consistency in the individualistic experimental group (Offensive: αs ranging from to .79 to .81) and the collectivistic experimental group (Offensive: αs ranging from to .71 to .76).

In order to evaluate the impact of the priming activity (i.e., either an individualism prime or a collectivism prime) on the fear of self-embarrassment due to offensive TKS symptoms, a one-way analysis of variance (ANOVA) was performed. The ANOVA revealed a significant main effect of the priming activity, $F_{(1, 64)} = 6.41$, $p < .05$. On average, participants who received the collectivism prime reported more fear of self-embarrassment due to offensive TKS symptoms than participants who received the individualism prime (see Table 1). The magnitude of the mean difference in the fear of embarrassing others was moderate in size ($d = 0.63$). Results from an analysis of covariance (ANCOVA) indicated that the observed effect was not attributable to social

anxiety, $F_{(1, 63)} = 4.48, \ p < .05$.

Another ANOVA was used to evaluate the impact of the priming activity on the fear of discomforting others due to offensive TKS symptoms. The main effect of the priming activity was significant, $F_{(1, 64)} = 6.00, p < .05$. Participants who received the collectivism prime also reported more fear of discomforting others due to offensive TKS symptoms than participants who received the individualism prime (see Table 1). The magnitude of the mean difference in the fear of discomforting others was moderate in size ($d = 0.61$). Results from the ANCOVA indicated that the observed effect was not attributable to social anxiety, $F_{(1, 63)} = 4.04, \ p < .05$.

Table 1

Fears Due to Offensive TKS Symptoms

Condition	M	SD	M	SD
	Fear of self-embarrassment		Fear of discomforting others	
Individualism	4.09	3.48	4.24	3.30
Collectivism	6.30	3.62	6.30	3.53

A final ANOVA was used to evaluate the impact of the priming activity on the fear of offending others due to offensive TKS symptoms. The main effect of the priming activity was not significant, $F_{(1, 64)} = 2.19$, *ns*. Although participants who received the collectivism prime reported a greater mean-level fear of offending others due to offensive TKS symptoms ($M = 5.21, SD = 3.17$) than participants who received the individualism prime ($M = 4.03, SD = 3.32$), there was not a significant difference between these scores.

CHAPTER FOUR

Discussion

On the whole, the findings of the present study supported the research hypothesis: collectivism priming caused participants to report more fear of self-embarrassment and fear of discomforting others due to TKS symptoms than did individualism priming. Thus, participants in the collectivism priming condition reported experiencing more allocentric social evaluative concerns than participants in the individualism priming condition. By demonstrating that social evaluative concerns associated with the offensive subtype of TKS can be engendered amongst a Western sample, these results contribute to prior research that challenges the extent to which TKS is a culture-bound syndrome (e.g., McNally et al., 1990).

These results extend prior research findings in several important ways. For instance, the findings of the present study demonstrate that social evaluative concerns can be influenced through priming, and, more specifically, that Trafimow et al.'s (1991) priming method is an effective prime for manipulating participants' social evaluative concerns. Prior to completion of the present study, it was believed that the individualism and collectivism primes would promote independent and interdependent self-construals, respectively. The manipulation of cultural priming in an experimental study allowed for a strong test of the possibility that social evaluative concerns and, thus, the experience of social anxiety are tied to self-construal (Vriends et al., 2013). Indeed, the present study establishes a link between interdependent self-construal and social evaluative concerns associated with the offensive subtype of TKS. Additionally, the present findings extend

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prior research on the influence of self-construals on social behavior and social standards. Gardner et al. (1999) found that individuals' self-construals influence the way that they evaluated others' behavior, and the results of the present study extend Gardner et al.'s finding by demonstrating that individuals' self-construals also influence how they expect to be socially evaluated by others. Thus, the present study contributes to prior research on the influence of self-construal on social behavior.

Because the present findings support the notion that interdependent self-construals and allocentric social evaluative concerns are not specific to Eastern cultures, these findings suggest some potential modifications to existing conceptualizations and treatments of social anxiety in Western cultures (Clark, 2001; Clark & Wells, 1995; Rapee & Heimberg, 1997). For example, it appears that an individual's self-construal is more important in determining their social evaluative concerns than cultural membership. Existing conceptual models of social anxiety do not consider the role of self-construal within the expression of social anxiety. Based on prior findings indicating the presence of allocentric social evaluative concerns among individuals from Western cultures (e.g., McNally et al., 1990) and the present results, including the potential impact of independent versus interdependent self-construals on social anxiety within such models seems warranted. Additionally, clinicians should attend to the possibility that patients from Western cultures might experience allocentric social evaluative concerns, particularly if they have an interdependent self-construal, and modify treatment accordingly (e.g., design exposures to specifically target allocentric social evaluative concerns).

It is important to note that group differences were not found when considering social evaluative concerns related to fear of offending others due to offensive TKS symptoms. The lack of significant group differences related to this specific social evaluative concern is not entirely surprising, and Choy et al. (2008) provide a possible explanation for this particular finding. More precisely, Choy et al. questioned whether respondents from the U.S. would report experiencing the fear of offending others due to TKS symptoms and thus included the more intermediary option of fear of discomforting others due to TKS symptoms. In support of this possibility, Choy et al. found that both U.S. and Korean participants reported more fear of self-embarrassment due to TKS symptoms than fear of offending others due to TKS symptoms. Therefore, based on Choy et al.'s findings, the lack of an observed effect related to the fear of offending others due to TKS symptoms should not discredit the notion that allocentric social evaluative concerns are engendered by an interdependent self-construal.

There were limitations to the present study. First, participants were not asked questions about which culture they identified with, individual differences in individualism or collectivism, or self-construal. These questions were not included in order to help ensure that content which could have impacted participants' social evaluative concerns was not inadvertently primed. It should be noted that participants were asked for demographic information at the beginning of the study, and the inclusion of a specific culture-related demographic question could have primed a cultural orientation in participants. However, the two groups did not significantly differ in their racial/ethnic composition, and, thus, each group would have presumably been equally impacted by the answering of these demographic questions. Nevertheless, future research

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should seek to examine whether variables such as cultural identification, group orientation, or self-construal impact the observed findings.

Second, the present study included a nonclinical, unselected sample. Use of this sample is informed by prior research indicating that differences in social anxiety (Kollman et al., 2006) and social evaluative concerns (Weeks, Norton, & Heimberg, 2009) are best viewed in terms of severity rather than qualitative differences among participants. Nevertheless, the generality of these results would be assured through a replication with patients diagnosed with social anxiety.

Based on the present results, allocentric social evaluative concerns may be present in Western clinical populations and may be going largely unrecognized and untreated in part due to the classification of TKS as a culture-bound syndrome. A replication of the present study with a clinical sample of individuals with social anxiety would strengthen the argument for broadening the current conceptualization of social anxiety in Western cultures. Such a broadened conceptualization of social anxiety could ultimately call for modifications of the models, assessment methods, and treatment of social anxiety.

APPENDIX

The following items constitute the items of Choy et al.'s (2008) TKSQ that were analyzed in the present study. Participants read the scenarios then reported the extents to which they believed that they would feel embarrassed, they would make another person uncomfortable, and they would offend another person.

A. How fearful are you that your facial expressions may stiffen in front of others, such as not being able to change the expression on your face, and as a result…

B. How fearful are you that you will have body odors around others, and as a result…

C. How fearful are you that you will stare at parts of other persons' bodies, and as a result…

D. How fearful are you that you will release intestinal gas in the presence of others, and as a result…

E. How fearful are you that due to your physical appearance to others;…

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