Social Anxiety Disorders [1]

Social Anxiety Disorder (aka SAD or social phobia) affects millions of people around the world. SAD is not the same as shyness, is its own psychological condition, and may develop (and be managed) at any age.

The previous section exposed you to Generalized Anxiety Disorder (GAD) [3]. The remainder of the anxiety disorders in this course are more uniquely identifiable, starting with Social Anxiety Disorder, or social phobia.

Definition/Exploration

Social Anxiety Disorder (SAD) is characterized by an overwhelming fear of negative social appraisal [4]or public embarrassment. Embrassment and negative social evalutions happen every day, of course, but those with SAD experience chronic worry and severe anxious symptoms in the face of these situations. They lack the coping skills to grain perspective on these isoloated incidents and believe they are in imminent danger during regular social interactions.

Some people with SAD have lifelong struggles communicating with other people, developing strong relationships, or expressing themselves for fear of negative social evaluation and the accompanying physical sensations they experience.

Symptoms

A diagnosis of SAD includes these physical [5] and behavioral [6] symptoms:

- Extreme self-consciousness in the presence of others
- Extreme anxiety about meeting or speaking with other people
- Excessive worry about social situations/encounters, often weeks or months in advance
- Tendency to isolate themselves, not seek company
- Avoid going out or trying new things
- Devising excuses or "escape plans" when visiting/interacting with others
- Difficulty making or keeping friends
- Blushing, trembling, or sweating before and/or during social encounters
- Feeling sick or dizzy
- Rapid pulse

Many people with SAD are aware that their fears of negative social appraisal or embarrassment are wildly out of proportion to reality [7], yet feel powerless to change their behaviors and thoughts. They may avoid or make excuses to not attend normal social

functions—seeing movies, attending birthday parties, using a public restroom, dating—and some avoid eye contact all together.

Approximately 15 million Americans suffer from SAD every year. Most often, the condition develops from early adolescence (13-years old) and affects men and women to nearly equal degrees. Sadly, around 36% of people [8] with the condition wait a minimum of 10 years before seeking formal diagnosis or psychological treatment.

Generalized vs. Specific Social Phobia
Social phobias and SAD are diagnosed under two main types [9]: Generalized and Specific.

Generalized social phobia is the most consistently debilitating form. People with this condition fear almost all social situations with the same consistent level of fear and avoidance. The sufferer had "generalized" their fear and conditioned themselves through patterns of behavior and thought to react to all social situations with equal rushes of anxiety, doubt, and fear. Luckily, this is also the form that most people seek treatment for. (Read about effective anxiety therapies here [10]).

Specific social phobia is the negative expectation and fear of social evaluation under very particular circumstances or venues. Performance anxiety or giving speeches fall into this category, but so too do places where a person experienced a painful and memorable embrassing social situation. People with this type of SAD typically function well in most social scenarios outside of the ones uniquely problematic for them.

SAD vs. Shyness
It's a common misconception that being shy is the same as being socially phobic, just as many people believe being shy is the same as being introverted (they're not [11]). Shyness [12] is a normal human emotion/disposition where people feel apprehensive or awkward during social encounters. In comparison, SAD is a prolonged and severe belief that being evaluated negatively in social situations is dangerous. Studies have shown [13] that shyness and social phobia are differentially diagnosable—that is, someone can have SAD and not be shy and vice-versa.

Keeping shyness separate from SAD is a healthy way to respect people with diagnosable social phobias and to not generalize about their condition.

Case Studies
It can be difficult for someone without social phobia to imagine how someone with the condition feels on a routine basis. If you are unclear about how SAD manifests itself and changes a person's life, please read the following case study excerpts [14]:

> "Ms. M. is a 19 year old student. She decided not to attend her university classes on the first day because she knows that in some classes the professor will instruct them to go around the room and introduce themselves...She knows she won't be able to think clearly because her anxiety will be so high, and she is sure she will leave out important details...

> "Mrs. A., a 32 year mother of two kids hates to stand in line at a crowded bus

station because she's afraid that everyone is watching her. She knows that it's not really true, but she can't shake the feeling. While she is shopping, she is conscious of the fact that people might be staring at her from the big mirrors on the inside front of the ceiling..."

"A 25 year old young man named Mr. R., an electrical engineer by profession, wants to go to parties and other social events... indeed, he is very, very lonely... but he never goes anywhere because he's very nervous about meeting new people...The thought of meeting new people scares him... will he know what to say? Will they stare at him and make him feel even more insignificant? Will they reject him outright?"

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[14] http://www.psydoctor.com/2008/08/case-studies-social-phobia.html