



Social Phobia / Social Anxiety Disorder

Social phobia is defined as a fear of negative evaluation from others – the fear of being judged and criticised. It is a fear of social situations that involve interaction with other people

Social phobics experience overwhelming anxiety and excessive self-consciousness when in social situations accompanied by fear of humiliation and embarrassment. Whilst it is usual for most people to feel apprehensive about certain social events, such as public speaking, the anxiety experienced by social phobics is so intense that it can literally make sufferers of this condition avoid any social situation. In common with most anxiety disorders, social phobics are often well aware that their anxiety is irrational and misplaced, yet despite this, feel powerless and unable to overcome their fears.

Specific and general social phobia

There are two types of social phobia: 'general' social phobia and 'specific' social phobia. Those with general social phobia worry excessively about being in any social situation. However, those with specific social phobia find their condition is limited to only one type of situation, such as public speaking, eating or drinking in public, writing in front of others or fear of using public toilets in front of others. People with specific social phobias often find they lead 'normal' lives and can get along fine in most social situations. However when asked, for example, to give a speech, they find they go to pieces, they dry up, can't think of anything to say and feel stupid, embarrassed and humiliated. However the problem of specific social phobia is limited to specific social settings and is therefore nowhere near as debilitating a problem as general social phobia.

People with general social phobia often

have social skills deficits and report feeling shy most of their lives, often having limited social contact with others. Social phobics often find that as their peers develop further social skills, they themselves become more marginalised from society and develop a sensitivity to rejection. They think that others think they are boring and unattractive. Such people cope with their problems by effectively minimising opportunities for negative evaluation by avoiding social contact wherever possible. As a result, to others, the social phobic may seem aloof, strange or anti-social.

However, deep down, most social phobics crave social involvement, and acceptance from others. They long to have partners and an active social life but the social phobia prevents any of this.

Social phobics often experience significant distress in the following situations:

- Being teased or criticised
- Being the centre of attention
- Whilst being watched or observed while doing something
- Having to say something in a formal, public situation
- Meeting people in authority
- Going to parties
- Using public urinals/toilets
- Being introduced to other people
- Eating out/drinking in public
- Eye contact
- Making telephone calls
- Fear of examinations/interviews

Many social phobics find that their worries are associated with a particular physical symptom of their anxiety. For example they fear that others will notice their excessive blushing, sweating or shaking. The word excessive is in italics for it is very rare that those with social phobics are exhibiting

noticeable physical symptoms of anxiety!

What does it feel like to have social phobia?

If you suffer from general social phobia, you will probably find that you spend a lot of your time worrying about being shown up in social situations or making a fool of yourself. You probably have a very poor self-image and think that others find you boring, strange and anti-social. You experience excessive anxiety before entering into any social situation and spend hours going through all the eventual possibilities of the social situation that you are about to enter. You worry that others might notice you looking nervous and on-edge. In fact, you worry so much that you then start to look nervous – the very thing you hoped to avoid. At this time you start to experience the physical symptoms of anxiety, which may include a dry mouth, increased heartbeat, sweating and feelings of needing to go to the toilet. You may also start to stammer, blush, sweat, shake and tremble. As your fear increases you may even start to feel panicky and end up having a panic attack. Along with this comes the feelings of wanting to escape.

After attending a social situation you perform a self post-mortem, examining everything in minute detail that you did, whilst looking for ways that you could have done things better. In fact you give yourself an incredibly hard time, often getting things totally out of context.

Naturally, living through these kinds of episodes on a frequent basis results in you feeling really demoralised and down. It is because of this that many social phobics also suffer with depression and other problems such as alcohol/drug dependencies (many social phobics use alcohol/drugs as a way of relaxing before



going into a social situation). Indeed, social phobia is not something that comes and goes; it is with you day in, day out.

How many people suffer with social phobia?

Social phobia is actually the third most prevalent psychiatric disorder, following only depression and alcohol dependence (Kessler et al. 1994). It is thought that social phobia affects approximately 2% of the population at any time. However, it is also believed that 90% of people with social phobia are misdiagnosed so the problem of social phobia is thought to be much larger than current statistics show.

What causes social phobia?

No one knows for certain at present exactly what causes social phobia but there are a number of theories around.

A large proportion of people with general social phobia say that they have always felt uncomfortable in company and cannot say for certain when their difficulties began. Therefore it seems that the origins of social phobia usually lie in childhood. Parents of social phobics often report that their children were indeed, shy. Studies have shown that the rate of social phobia in a social phobic's family is about three times higher than average and that identical twins are more likely to have the disorder than fraternal twins. These findings suggest that social phobia has a genetic component.

However, it is also likely that the behaviour of parents contributes to the likelihood of their children developing social phobia. Many social phobics describe their parents as both overprotective and insufficiently affectionate – constantly criticising them and worrying that they will do something wrong/the 'what the neighbours think?' scenario. A social phobic's parents may over-emphasise manners and grooming, or exaggerate the dangerousness of approaching strangers. Some people

believe that social phobics learn social phobia from parents who avoided social situations in a social conditioning style.

Other studies have shown that the amygdale – a small structure in the brain – is associated with the symptoms of social phobia. The amygdale is believed to be a central site in the brain that controls fear responses.

Another theory is that the disorder has a biochemical basis. Scientists are exploring the idea that heightened sensitivity to disapproval may be physiologically or hormonally based.

What can be done about social phobia?

There are many ways of tackling anxiety and phobias. To find out the latest recommendations for the treatment of anxiety from the National Institute for Health and Clinical Excellence (NICE), visit www.nice.org.uk or ring **0845 003 7780**. NICE is due to publish guidance specific to social phobia in 2013.

Other recommendations

Over the years, our members have recommended ways to manage specific phobias, including the following:

Cognitive Behaviour Therapy (CBT)

CBT currently has the largest amount of research carried out on its effectiveness. CBT focuses on what people think, how those thoughts affect them emotionally and how they ultimately behave. When someone is distressed or anxious, the way they see and evaluate themselves can become negative. CBT therapists work alongside the person to help them begin to see the link between negative thoughts and mood. This empowers people to assert control over negative emotions and to change the way they behave. CBT has grown in popularity following recommendations from the National Institute of Health and Clinical Excellence (NICE) for the treatment of anxiety disorders.

CBT can be delivered at a number of levels of intensity, meaning it can be useful to those who have only just started feeling anxious as well as those with longstanding anxiety problems. CBT is delivered by a trained therapist, usually in a clinical setting. This form of therapy focuses on the here and now and is not overly concerned with finding the initial cause of anxiety. Once the problem has been explored, the therapist will help you examine your thought and behaviour patterns and help you to work on ways of changing these.

Anxiety UK offers a CBT service to its members face-to-face, over the phone or via webcam. In the unlikely event that Anxiety UK is unable to help you, we would recommend accessing therapy through referral to an NHS service via your GP. You can also find a CBT therapist via the British Association for Behavioural and Cognitive Psychotherapies (BABCP) at www.babcp.com.

Counselling

Counselling is often used to explore issues in-depth and to allow for a focus on feelings associated with anxiety. Often, the cause of your anxiety can also be explored through counselling sessions.

The most common form of counselling is known as Person Centred Counselling. This type of therapy seeks to explore the main issues from your unique perspective.

Counselling is available through Anxiety UK face-to-face, via the telephone or via webcam. In the unlikely event that Anxiety UK is unable to help you, we would recommend accessing therapy through referral to an NHS service via your GP. The British Association for Counselling and Psychotherapy can also advise on how to find a counsellor in your area at www.bacp.co.uk.



Clinical Hypnotherapy

Although clinical hypnotherapy is not a NICE approved therapy, there is plenty of anecdotal evidence available to suggest that this type of therapy is very beneficial to people experiencing anxiety. Indeed, over the years that Anxiety UK has been running its therapy services, we have consistently had positive feedback from members about hypnotherapy.

Hypnotherapy aims to provide people with results fairly quickly. Hypnotherapists will use a variety of techniques such as visualisation, which is aimed at producing quite deep levels of relaxation.

Visualisation involves asking you to imagine a feared situation or object while you are in a deep state of relaxation. You are then asked to use positive visualisation to manage how you are feeling and to imagine the experience in a positive way.

Anxiety UK offers clinical hypnotherapy to members. To find out if we have a clinical hypnotherapist in your area, ring our helpline on **08444 775 774**. You can also find a clinical hypnotherapist in your area by visiting the Complementary and Natural Healthcare Council (CNHC) at www.cnhc.org.uk.

Neuro-Linguistic Programming (NLP)

NLP is based on the idea that we create our experiences from how we see, hear and feel things in our mind and body. It is based on the idea that our mind and body are interlinked, with our thoughts having a direct effect on our bodies and vice versa. NLP can help people change any unwanted behaviours through the use of language patterns which challenge outdated beliefs and tap into the unconscious thoughts that we hold. An NLP therapist helps individuals to use positive language and thought processes to manage their anxiety in a more positive way.

Anxiety UK offers NLP nationally. Ring our

helpline on **08444 775 774** to find out if we have an NLP therapist in your area.

Relaxation

If you suffer from panic attacks due to your anxiety or fear, it may help to learn some relaxation techniques. These can be used as a way of enduring the thoughts for longer and longer periods and thus overcoming your anxiety by discovering that nothing bad happens even if you think about your anxiety or fear. Anxiety UK has a number of relaxation resources and products at www.anxietyuk.org.uk. You could also find out more from your GP or a stress management class at your local Adult Education Centre.

Medication

Anxiety medication may be prescribed if the fear is accompanied by frequent panic attacks and loss of sleep. It is important to note that medication will only help to alleviate symptoms and will not resolve any underlying issues. NICE recommends that if medication is taken, you also undertake other forms of treatment.

Self-help groups

Attending a self-help group is an excellent way to meet others experiencing social phobia and provides a forum to share coping techniques.

Assertiveness/confidence-building courses

Many local Adult Education Centres now offer assertiveness courses. These can be very helpful for social phobics who want to learn basic assertiveness skills to help them cope with everyday social encounters. Contact your Local Education Authority for further information.

Social skills training

This is where people are taught simple social skills that most people take for granted – for example, how to make conversation with a stranger. These training courses provide people with lots of

chances to practice social skills with others who experience similar difficulties. The courses also allow participants to give constructive feedback. Social skills courses are usually run by psychology departments, so you will need to speak to your GP.

Further reading

Some of the books listed below are available at the Anxiety UK shop at www.anxietyuk.org.uk/shop or over the telephone on 08444 775 774. By purchasing through Anxiety UK, you are also helping to support the charity.

Overcoming Social Anxiety and Shyness

Gillian Butler

Dying of Embarrassment: Help for Social Anxiety and Phobia

Barbara Markway

Social Phobia: From Shyness to Stage-Fright

John Marshall

Social Phobia: Diagnosis, Assessment and Treatment

Richard Heinberg

The information contained in this factsheet was reviewed by Professor Robert Edelmann.

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