



UNDERSTANDING
SOCIAL ANXIETY

ALL RIGHTS RESERVED. No part of this report may be modified or altered in any form whatsoever, electronic, or mechanical, including photocopying, recording, or by any informational storage or retrieval system without express written, dated and signed permission from the author.

AFFILIATE DISCLAIMER. The short, direct, non-legal version is this: Some of the links in this report may be affiliate links which means that I earn money if you choose to buy from that vendor at some point in the near future. I do not choose which products and services to promote based upon which pay me the most, I choose based upon my decision of which I would recommend to a dear friend. You will never pay more for an item by clicking through my affiliate link, and, in fact, may pay less since I negotiate special offers for my readers that are not available elsewhere.

DISCLAIMER AND/OR LEGAL NOTICES: The information presented herein represents the view of the author as of the date of publication. Because of the rate with which conditions change, the author reserves the right to alter and update his opinion based on the new conditions. The report is for informational purposes only. While every attempt has been made to verify the information provided in this report, neither the author nor his affiliates/partners assume any responsibility for errors, inaccuracies or omissions. Any slights of people or organizations are unintentional. If advice concerning legal or related matters is needed, the services of a fully qualified professional should be sought. This report is not intended for use as a source of legal or accounting advice. You should be aware of any laws which govern business transactions or other business practices in your country and state. Any reference to any person or business whether living or dead is purely coincidental.

Copyright ©

Table of Contents

Introduction	4
Signs and Symptoms	7
What is Social Anxiety Disorder (SAD)?	8
Anxiety Symptoms	10
Nature and Nurture	13
SAD in the Family	17
Treatment of SAD	21
Medication	23
Therapy and Related Techniques for SAD	24
Environmental Factors in SAD	33
The Family Connection	35
Important Points About Social Anxiety	
Disorder	39



Introduction

To say that our world is overstimulating is quite an understatement. People are often judged on their achievements and capabilities more than character. It's easy to understand why so many people suffer from anxiety disorders.

Social anxiety disorder (SAD) was previously known as social phobia. SAD is related to situations in which a person fears that they'll

say or do something that leads to harsh judgment, ridicule or feelings of humiliation, embarrassment, or worse.

These fears aren't usually based in reality, and often the person with social anxiety realizes this. Despite that awareness, **they're unable to stop the feedback loop that fuels their anxiety.**

Statistics vary globally, with the highest rates of social anxiety occurring in the US and more affluent countries. It's estimated that 7% of Americans have social anxiety in any given year and 12% over a lifetime.

While there's no known cause of social anxiety, experts believe that it's genetic, may be inherited, and has an environmental component. People with a parent who has SAD are 2-6 times more likely to have the disorder.

Those with avoidant personality traits are more likely to experience SAD. The two disorders co-occur frequently, with avoidance traits being considered more severe.

People who tend to internalize their feelings and fear judgment are also at risk for SAD.

Some of this may be genetic or inherited, but **social learning also strongly influences thinking patterns and coping skills that are likely related.**

The disorder is more prevalent among women and people who are unmarried. There is also a correlation between SAD and expectations of high performance, such as in public speaking.

Other situations that people with SAD may find triggering are eating in public, attending social functions, entering a room of people, public performances, reading aloud, presenting to a group, being in crowded places, meeting or interacting with new people, job interviews, performance reviews, and others.

We will further explore different aspects of SAD in this report.

Some of the topics to be discussed include:

- Signs and Symptoms
- Nature and Nurture in SAD
- SAD in the Family
- Treatment of SAD
- Prevention: Breaking the Cycle of SAD



Signs and Symptoms

People who experience SAD report a variety of symptoms. With this and other disorders, the symptoms vary from person to person.

It's important to remember that you don't have to experience all the symptoms to meet the criteria for SAD (or any other illness).

The level of impairment in different areas of life is an important indicator. As with all physical and mental health disorders, there

are varying degrees of symptoms and impairment - mild, moderate, or severe.

Ask yourself: "To what extent do these symptoms affect my quality of life?"

Statistics indicate that over 35% of people with SAD live with symptoms for 10 years or longer before asking for help and only 50% ever get treatment. This is likely due to minimization of the symptoms (I can handle this myself) and the stigma of asking for help (People will think I am crazy).

What is Social Anxiety Disorder (SAD)?

The Diagnostic and Statistical Manual of Mental Disorders, version V (DSM-V) Defines SAD as:

- A. A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that

will be embarrassing and humiliating.

- B. Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed Panic Attack.
- C. The person recognizes that this fear is unreasonable or excessive.
- D. The feared situations are avoided or else are endured with intense anxiety and distress.
- E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.
- F. The fear, anxiety, or avoidance is persistent, typically lasting 6 or more months.

- G. The fear or avoidance is not due to direct physiological effects of a substance (such as drugs or medications) or a general medical condition not better accounted for by another mental disorder...

Copyright 2013, The American Psychiatric Association

Anxiety Symptoms

People with SAD experience physical, behavioral, and psychological symptoms.

Some people become overwhelmed and may have an anxiety attack (different from a panic attack which is related to a very specific phobia). Some of the common symptoms are listed below.

Physical Symptoms

- Increase in heart-rate
- Sweating
- Feeling dizzy
- Muscle tension or twitching (eye twitching or involuntary movement)
- Dry throat and mouth

- Upset stomach - nausea, gastric distress
- Tearing up or crying
- Flushing or hives
- Clenching fists, jaw, etc.
- Bouncing, tapping or shaking leg, feet, pen, fingers, etc.
- Shaking or trembling

Emotional Symptoms

- Excessive fear or worry
- Feeling 'nervous'
- Anxiety attack (difficulty breathing, tightness in chest, etc.)
- Obsessive concern about red or sweaty face, sweaty hands, splotches on face or chest
- Negative thoughts, rumination or catastrophizing that lead(s) to feeling overwhelmed

Behavioral Symptoms

- Playing it small to escape the limelight
- Using social media and gaming to avoid physical contact

- Dropping out to avoid interacting with others at work or school
- Compulsive eating or binge eating
- Avoid eating in public or in front of others
- Stop attending social activities due to excessive worry, fear, or dread of embarrassment
- Self-medicating with alcohol or other drugs, especially at social functions
- Speaking very fast, abruptly, or interrupting when attending social activities

The frequency, duration, and degree to which these symptoms affect your life determines the difference between a mental health disorder and simply feeling awkward at social events.

Many people find social events stressful, but not to the point of affecting their quality of life.



Nature and Nurture

As mentioned before, social anxiety may be genetic or inherited. These factors are beyond our control, but SAD may be inadvertently reinforced by loved ones.

Those patterns can be overcome with the agreement of everyone involved and consistent behavioral changes.

It often requires professional help to navigate the issues.

Natalie - 12-year-old with SAD

Natalie was diagnosed with SAD at age twelve. She was in sixth grade and a very good student. Natalie's mom also had anxiety and tended to be very protective of her daughter.

Natalie had a good experience in elementary school. The teachers loved her and she did very well academically and socially. However, when she started middle school, things changed.

Initially she was worried about the bigger school and changing classes but managed those transitions with few challenges. However, by the middle of the school year, Natalie began to have difficulty.

She recognized changes in her body and became very self-conscious. She felt awkward and started to be highly critical of herself. The real Natalie seemed to have disappeared.

She imagined that everyone was judging her and feared 'doing something stupid' to draw attention to herself. As a result, Natalie refused to dress out for PE class or participate in any way.

This was a big change in her behavior. Natalie's parents talked to her about this each day but tried not to overwhelm her. Her mom met with the coach, school nurse, and principal.

Everyone was very concerned, including Natalie. In addition to concerns about her health and wellbeing, the adults were worried about how low or failing grades in PE might affect her confidence and sense of self-worth. She had been a proud honor roll student since first grade.

Every day before school, Natalie agreed to dress out for PE. As it got closer to time for class, she would begin to have feelings of dread. By the time the bell rang, she felt so nauseous and dizzy that she had to go to the nurse's station.

Some days her mom would pick her up early, and other days she went to her last class as the symptoms abated after PE.

Natalie's parents were divided about how to handle this issue. Her dad was concerned and insisted that their doctor examine her right away. Mom agreed but wanted the doctor to write a note for the school, excusing her from PE for the year.

Natalie did not want to disappoint her parents with a failing grade, so she begged the doctor for an excuse to miss PE.

The doctor examined Natalie and found her to be healthy. He referred the family to family therapy and deferred to the psychologist to make the decision about attending PE.



SAD in the Family

Current research from the University of Wisconsin-Madison found that 35% of children with 'anxious brains' inherited these traits from a parent. **This research indicates that the large majority of people with SAD develop symptoms due to environmental influences.**

Most people with SAD report first experiencing symptoms in the teenage years.

Generally, people experience symptoms by mid to late-twenties.

However, another study that followed 3000 Norwegian twins found that two-thirds of those who met the criteria for the diagnosis of SAD in their twenties did not meet the criteria in their thirties. And, some people met the criteria in their thirties who did not meet the criteria in their twenties.

This study also measured the prevalence of avoidant personality traits, which often co-occur with SAD and may also be inherited.

The researchers concluded:

"If you have avoidant personality traits, you have a high risk of experiencing social anxiety in periods. Even people who have had a good, secure upbringing can experience social anxiety. However, if you have an inherited risk, you can learn to defy the tendency of avoidance and know what to do if the anxiety appears. Although the genetic risk is long-lasting, it does not mean that you have to live with the symptoms. There are good treatments for social anxiety. The treatment involves

exposure to the feared situations and acknowledging your anxiety."
Norwegian Institute of Public Health with collaborators at the University of Oslo and Virginia Commonwealth University.

Natalie

In their family therapy sessions, Natalie learned that her mom began to have social anxiety symptoms at the same age of twelve. At that time, information about and treatment for SAD was not readily available.

Mom did not have access to treatment until she was in her late-twenties, after Natalie was born. As Mom learned more about the disorder, she realized that both her mother and sister also had symptoms but were not diagnosed.

In addition to the 'anxious brain' she inherited, Natalie had learned avoidance behaviors from her mom. Mom had a tendency to change plans at the last minute, which Natalie had found confusing and irritating.

As she approached the middle school crisis, Natalie used a similar ineffective coping style. While Mom did not experience physical symptoms, the emotional and behavioral symptoms were similar.

Mom learned in family therapy that she inadvertently modeled and reinforced avoidant behavior in Natalie. The unresolved issue of being excused from PE for the last half of the year was an example.

Natalie's mom did not want her to be exposed to the very unpleasant feelings she experienced at the same age. Through family therapy, they realized that Natalie (and Mom) could work through these 'miserable feelings' and learn to manage her anxiety without avoiding PE.



Treatment of SAD

The University of Wisconsin-Madison found that 75% of people with SAD experience their first symptoms in childhood or the teen years. And, unless people experienced symptoms earlier in life, SAD does not usually present after the mid-twenties.

They also found that some people experience symptoms for a year or less while others struggle with SAD for their entire lives (symptoms must occur for six months to meet the criteria for SAD). Those who suffer throughout their lives generally

begin to have symptoms in the early years.

There are a few different options for treatment of social anxiety. The type of symptoms experienced determine which option is recommended.

Treatment Options

Medication and/or cognitive behavioral therapy (CBT) have significant research to support their use in the treatment of social anxiety. Other types of therapy are also reported to be helpful but have not been as well researched.

Studies show that either SSRI or SSNI medications and CBT twice-a-week for 60-90 minutes over at least 12 weeks have the same benefits.

Many prescribers require that their patients attend therapy while on medication.

There is no research to support a better outcome for those who use both medication and therapy for SAD. However, there are a number of mitigating factors not included in research studies that can

influence social anxiety, so therapy is certainly found to be helpful.

Medication

According to Harvard Health, medication is prescribed based on whether the symptoms are generalized or specific.

Generalized Social Anxiety

Reduced levels of the neurotransmitters serotonin and/or norepinephrine that regulate mood, sleep, appetite, and pain are believed to cause anxiety and depression.

SSRIs like Celexa, Paxil, and Zoloft that block the reuptake of serotonin or the SNRI Effexor that blocks the reuptake of serotonin and norepinephrine (adrenaline) are found to be most effective in treating generalized social anxiety.

Studies indicate that 50-80% of patients had positive results after 8-12 weeks using one of these treatments. The exception is the SSRI Prozac that was found to help only 1 in 3 people more than a placebo.

Specific Social Anxiety

For specific social anxiety symptoms, beta blockers and benzodiazepines are found to be most effective. These medications can be taken as needed, like before an event that is associated with social anxiety.

Beta-blockers are generally prescribed for treatment of high blood pressure. They reduce the symptoms of sweating, rapid heartbeat, and shortness of breath.

Studies have found that taking a beta-blocker an hour before a triggering event is most effective.

Benzodiazepines (Benzos) boost inhibitory neurotransmitters that suppress the flow of stress signals and result in a feeling of calm. There is a risk of physical dependence for people who take benzos consistently for more than two weeks.

Therapy and Related Techniques for SAD

Exposure Therapy

Exposure therapy, a type of CBT, is the most studied and believed to be the most effective. In this therapy, **people are gradually exposed to a triggering event.**

For example, if someone is concerned about an upcoming presentation, the therapist will 'prescribe' helpful coping skills and thoughts to practice while preparing for (and during) the presentation.

The presenter may go to the conference room ahead of time and practice the presentation while using the coping skills. (Exposure) They may have a friend come along to listen and pose questions. (Exposure)

At the time of the presentation, the therapist may recommend ways to meet the fear head on rather than wait in dread for it to happen. For example, the presenter may initiate discussion by asking for questions rather than worrying about not having the right answers if someone asks.

The presenter may want to consider and practice responses to potential questions. By doing so, they have a preconceived reply which may relieve some of the pressure.

By taking the initiative to greet the fear directly, they have more control of the situation which may result in less anxiety.

The therapist will also help them address any automatic thoughts that could cause more anxiety. ("Being upfront about not knowing an answer does not mean I am inadequate. It's a common practice used by professionals and generally accepted as a viable response.")

Other Modalities

Other types of CBT are effective with anxiety and depression. Challenging unhelpful beliefs and replacing critical thoughts are fundamentals of CBT.

*Adapted from Harvard Health Publishing:
Treating Social Anxiety Disorder*

Group Therapy

Group therapy can be useful for people with social anxiety. **Groups allow members to address some of their triggers in a safe environment with the guidance of a therapist.** It provides exposure to some of the typical fears people experience and allows members to learn coping skills from the lessons of others in the group.

Relaxation Skills

There are many techniques to help people relax their bodies and minds.

Among those are:

- **Progressive Muscle Relaxation** – tensing and releasing muscle groups from head to toe
- **Diaphragmatic Breathing** – breathing into your abdomen and releasing slowly
- **Guided Visualization** – using your mind to imagine a peaceful, relaxing experience

- **Movement** – stretching, dancing or otherwise moving your body to release tension
-

Natalie

As family therapy continued, the therapist recommended that Mom see someone for individual therapy to address her social anxiety. The family therapy focused on environmental and familial issues affecting Natalie.

Natalie also worked with an individual therapist who introduced her to exposure therapy. As part of their therapy, Natalie gently started to approach her fears. She began by sitting in the gym when nobody was there.

Next Natalie attended a basketball game in the gym as a spectator. This activity was very uncomfortable for her, but she practiced her coping skills - including talking back to critical and scary thoughts.

Eventually Natalie attended a pep rally in the gym during the school day. She and a friend

sat near the door so she could exit if she began to feel sick.

She experienced the physical symptoms of shaky, sweaty hands, rapid pulse, and feeling 'boxed in', but she practiced measured breathing and talked herself through it.

She had come up with a mantra in therapy that she repeated to herself: "I can do this." It combated the unhelpful thought of "I can't do this."

By using the mantra, having an exit strategy for the worst-case scenario, using effective coping skills and a friend's support, she did it!

The next hurdle was going to PE to watch as the other girls participated. She had a well-thought out response for any questions about missing PE and sitting out, which helped her anxiety.

Natalie and her therapist thought it would be helpful if she initiated contact with some of her friends. This allowed her to practice her response with those whom she felt most comfortable.

She said something along the lines of "I have been having some minor health problems, but I am getting better. I hope to be back in class soon."

Some of her friends asked for details (as she expected) to which she replied, "It's not a big deal, and I don't want to dwell on it/make a big deal out of it."

If pressed, she planned to say, "I really don't want to talk about it - it makes me feel like there's something wrong with me and I am really okay. I hope you understand."

After a few visits to PE class she had fewer physical symptoms. With a few successes under her belt, she was ready to go to the dressing room.

The first time Natalie planned to go to the dressing room, she felt ill. She was sweaty, dizzy, and breathing very shallowly. Natalie used her exit strategy for the first time since she began exposure therapy.

At the nurse's station, Natalie talked through it with the nurse who was part of her support

team. As she began to feel better, she went to the gym and observed the rest of the class.

Eventually Natalie was able to enter the dressing room without feeling like she would pass out. The PE teacher was also part of her support team. She gave Natalie the latitude needed to ease back into class.

The first few days she put on her gym shoes and just walked around the court. As she walked, she practiced measured breathing, repeated her mantra to herself, and felt more accomplished each day.

After a month of watching from the sidelines, she brought her clothes to dress out and put them in her locker. When she felt ready, she dressed out with the understanding that she could sit on the bleachers at any time if she needed.

She made it through the first class without incident! Nobody made a big deal about her being there or missing previous classes. The transition was slow, but she did it.

There were days when the symptoms came up. Natalie would talk herself through the critical thoughts, focus on belly breathing, and use

other coping skills. In her mind, she knew she could exit if needed, but she didn't.

Natalie finished the grading period with a low but passing grade. She felt much more confident with her skills and lessons learned.



Environmental Factors in SAD

As mentioned before, SAD often has an environmental component. Traumatic, overwhelming, and frightening experiences may result in social anxiety.

Examples of Environmental Factors in Social Anxiety

- Bullying
- Teasing, taunting, mean-spirited jokes
- Exclusion - peers, adults, parents
- Physical difference – disability, scarring, different body types
- Abuse - victim or witness
- Learning challenges
- Death or separation from loved ones
- Life transitions - puberty, divorce
- Parenting

Any event or situation that causes a person to feel ashamed, embarrassed, humiliated, afraid, unloved, inadequate, incompetent, unworthy or otherwise different may result in social anxiety.

The anticipation of judgment, failure, rejection, disappointment, or other negative experiences may create such distress that a person feels unable to cope with the situation. Their nervous system is flooded with adrenaline and they often react with the fight/flight/freeze response.

The Family Connection

People who are predisposed genetically may also be at risk for environmental factors that contribute to or reinforce the disorder.

Social anxiety and avoidant behaviors often go hand-in-hand. A parent or sibling with these issues may set an example of ineffective coping. These lessons reinforce the tendency to avoid, isolate, drop-out, or fear social situations.

The thinking that underlies these behaviors is easily learned and difficult to unlearn. **CBT can be very effective in addressing unhelpful behaviors and thoughts.**

If you have a negative experience and it's reinforced repeatedly, the lesson learned is 'I can't do this.' Consider a child in school who has trouble with math.

Time after time he makes mistakes in math until eventually, he concludes 'I can't do this.' This may or may not be reinforced by teachers and parents.

As an adult, he may limit his job opportunities because he has the belief of 'I can't do this.' This prevents him from completing applications or even considering a job that may involve some kind of math. Avoidance.

If he had parents who berated, ridiculed, or treated him poorly when he made mistakes, this belief is coupled with negative emotional reactions.

Social anxiety may show up for him in a number of ways:

- Fear of job interviews or any situation where his performance will be judged
- Refusing to try new things that may result in failure
- Fear of authority figures who may reject, judge, berate, or ridicule him
- Fear of meeting new people in case he says or does something wrong
- Fear of speaking up about thoughts, feelings, beliefs
- The list goes on...

A person with this history would need to spend a lot of time working with a therapist to unravel these faulty beliefs and learn how to

combat old tapes of not enough, unworthy, not good enough, etc.

Natalie

As Natalie became more confident at school, her therapy began to wrap up. In the final sessions of family therapy, Mom discussed ways she inadvertently modeled or reinforced ineffective coping strategies for Natalie.

Mom's tendency to avoid social encounters began to make more sense as Natalie considered their parallel experiences.

Natalie and Mom made a pact to remind each other of coping skills when they felt the urge to avoid a stressful situation.

They practiced their skills together when both were experiencing fear or worry about a social event, like school meetings and holiday parties.

If one of them used unhelpful language, the other gently mentioned alternatives. They learned to reinforce positive behavior and support each other when helpful.

Dad had a natural tendency to be calm and reasonable. His ways of thinking and coping were a good fit and positive influence. He enjoyed the new normal and made a point of saying so often.



Important Points About Social Anxiety Disorder

- Social Anxiety Disorder affects millions of people worldwide.
- Women are affected by SAD more than men.
- 75% of people with SAD experience symptoms in childhood or adolescence.

- Only 50% of people with SAD get treatment.
- Those who get treatment usually struggle for ten years or more before asking for help.
- **Anxiety symptoms are physical, behavioral, and emotional.**
- There is a strong cognitive element in SAD.
- Avoidant personality traits often co-occur with SAD.
- The disorder is caused by genetics, heredity, and environment.
- Treatment includes medication, therapy, and related techniques.
- CBT has been found to be effective for one-half to two-thirds of patients after 12 weeks.
- **Exposure therapy is believed to be most effective in treating SAD.**
- SSRI or SSNI medications are effective for generalized SAD in 50-80% of cases.
- SAD differs from shyness or awkwardness in intensity, duration, and effect on quality of life.