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Review Article

Social Phobia: Diagnosis and Treatment

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Abstract

Social phobia, also known as social anxiety disorder, is characterized by intense fear or anxiety in social situations where individuals fear being scrutinized by others. This condition can lead to significant impairment in various aspects of life, including social and occupational functioning. A subtype, Generalized Social Phobia (GSP), involves a more pervasive fear of social situations and is associated with greater distress and functional impairment. Social phobia often co-occurs with other psychiatric disorders such as major depression, obsessive-compulsive disorder (OCD), and avoidant personality disorder (APD). APD shares several features with social phobia, including the fear of rejection and criticism, but presents with broader and often more severe symptoms.

Effective treatment for social phobia includes cognitive restructuring techniques, exposure therapy, and social skills training (SST). Exposure therapy helps patients confront and reduce their fears by gradually exposing them to anxiety-provoking situations, while SST addresses performance deficits and cognitive distortions. Additionally, mindfulness-based therapies, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness Behavior Therapy (MBBT), have been shown to reduce distress and improve mental health outcomes in individuals with social phobia and related disorders.

Diagnosis and treatment require a focus on the individual's specific symptoms, comorbid conditions, and the level of functional impairment. By employing a structured and individualized approach, incorporating exposure exercises, mindfulness practices, and social skills training, clinicians can significantly enhance treatment outcomes, helping individuals with social phobia manage their symptoms and lead more fulfilling lives.

What is Social Phobia?

Social phobia is a marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others [1]. These situations include social interactions, being observed, and performing in front of others. Individuals with social phobia fear acting in a way that will be negatively evaluated, leading to significant distress or impairment in social, occupational, or other areas of functioning [2].

Social situations almost always provoke fear or anxiety in those with social phobia, resulting in avoidance or enduring these situations with intense discomfort [3]. These fears cannot be attributed to substance use, general medical conditions, or other mental disorders [1]. For a diagnosis, symptoms must persist for at least six months [1]. According to the National Institute of Mental Health (2011), approximately 6.8% of the US adult population experiences social phobia annually, with 12.1% affected over their lifetime. Of these cases, 29.9% are classified as severe. Additionally, about one in four individuals with social phobia also experience performance paralysis, a phenomenon where overwhelming anxiety prevents them from responding effectively to tasks or decisions [4].

GSP

Generalized social phobia (GSP) is a subtype of social phobia, characterized by a significant fear of most social situations [5]. This subtype is chronic, often severely disrupting social and occupational functioning. It is associated with extreme distress, failure to establish and maintain both casual and intimate relationships, and underemployment [2]. GSP patients show greater life interference and clinical severity than those with non-generalized social phobia [5]. Those with social phobias are often viewed as having deficient social skills and cognitive distortions [6].

Many common axis I disorders are comorbid with social phobia. Approximately 69% of people with social phobia have at least one other Axis I disorder during their lifetime [4]. For example, 12% of individuals with body dysmorphic disorder, 59% of those with simple phobia, 45% of those with agoraphobia, 19% of those with alcohol abuse, 17% of those with major depression, 13% of those with

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dysthymia, 11% of those with obsessive-compulsive disorder, and 55% of those with avoidant personality disorder also have social phobia [4].

APD

Avoidant Personality Disorder (APD) in particular is a widespread pattern of social inhibition around people, feelings of inadequacy, extreme sensitivity to negative evaluation, and avoidance of social interaction from early adulthood [7]. APD affects approximately 0.5% to 1% of the general population and is present in about 10% of psychiatric outpatients [2]. Additionally, 45% of individuals with Generalized Anxiety Disorder (GAD) and 56% of those with Obsessive-Compulsive Disorder (OCD) are also diagnosed with APD [8].

To be diagnosed with APD, an individual must meet at least four of the following seven criteria: The individual avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, and rejection [7]. They are unwilling to get involved with individuals unless they are certain of being liked [7]. They show restraint within intimate relationships because of fear of being shamed or ridiculed [8]. They are preoccupied with being criticized or rejected in social situations [7]. They are inhibited in new interpersonal situations because of feelings of inadequacy [8]. They view themselves as socially inept, personally unappealing, or inferior to others [8]. They are unusually reluctant to take personal risks or engage in any new activities because they may prove to be embarrassing [7].

Intersection between Social Phobia and Avoidant Personality Disorder

Symptoms of social phobia include having intense anxiety in social situations or avoidance of them [2]. It also includes having physical symptoms of anxiety, including confusion, a pounding heart, sweating, shaking, blushing, muscle tension, and an upset stomach [3]. Symptoms of avoidant personality disorder include having a fear of intimacy, social involvement, and embarrassment [7]. They also include loneliness and low self-esteem, as well as associated phobias [8].

Prior research has found that there are a few differences between the kinds of symptoms that people with APD and social phobia have. Both people with APD and social phobia fear rejection, ridicule, and humiliation by others; however, APD tends to have a broader range of symptoms, oftentimes more severe [7]. Social phobia can start at any age, whereas APD is not usually recognized until over the age of 18 [2]. According to Millon [7], APD is a problem of relating to individuals, whereas social phobia is a problem of performing social situations. Most people with APD do not care about being social and their avoidance doesn't bother them, while people with social anxiety want to socialize and can't accept the restraints put on them by social phobia [8].

Social phobia and APD have substantial overlap, and clinicians and patients should use both labels as pointers to a more severe illness [8]. Clinically, although APD generally responds to typical treatments for social phobia, it may respond differentially and less robustly [2].

Treatment Modality

There are three generally recommended treatment modalities, including cognitive restructuring techniques, exposure, and social skills training (SST) [3]. The treatment instituted in WIAD is exposure treatment simultaneously with SST [9]. Hierarchy exposure to person and place is essential to successful treatment [3]. Towards the end of treatment, cognitive restructuring techniques may be utilized if at all necessary [6]. These include practicing having rational responses to situations. For example, if from the patient's perception, for him to get a girlfriend he had to meet attractive strangers and ask them on dates almost immediately, have them think of a rational response rather than an automatic thought, such as "My goal is to enjoy the interaction, and then see how things go" rather than "If I blow this, I won't date anyone for a long time" [8].

Exposure Therapy

Dr. John Winston Bush covers multiple examples of exposure therapy in his book Overcoming Your Social Phobia. These include returning a greeting from a neighbor or co-worker, saying hello to a neighbor or co-worker without waiting to be greeted first, asking a retail clerk where to find something in the store, asking directions from a stranger, giving or accepting compliments, and more [10]. From a previous patient at WIAD, a sample exposure list includes visiting a coffee shop and talking to as many new people as possible, starting conversations with attractive women, dancing in public, combining work with trust exercises, walking with your eyes closed around town, directed by a therapist, wearing clothes that would gather attention regardless of social appropriateness, and more [10].

SST Procedures

SST procedures typically are conceptualized as targeting specific performance deficits and are designed to increase positive reinforcement from the environment [9]. They may also serve an important function in helping to address cognitive distortions [3]. Common cognitive distortions are "I won't know what to say" [6]. In this scenario, the patient should be taught what to say and how to say it and practice these techniques repeatedly in session [9].

Diagnosis & Treatment

To diagnose an individual, one must ask if the patient is experiencing sufficient functional impairment or distress to warrant a diagnosis, such as whether the anxiety causes significant hardship such as lost education, employment, or social opportunities [1]. When diagnosed, the focus of attention for treatment should mainly be on self-focusing attention on felt impressions about their performance, rumination on anticipatory anxiety, extreme comparing and contrasting with others, safety-seeking compulsions, avoidant behaviors, and most commonly, avoidive behaviors [2]. Treatment should be structured and designed to teach specific skills that will enable patients to perform effectively in a variety of situations to receive maximum reinforcement from the environment [9]. A matrix of triggers should be utilized to design the most effective exposures for the individuals, including people, places, situations, and subjects [3].

Mindfulness

Mindfulness is an ideology that refers to relating with self and others in ways that are loving and kind [11]. The practice of "loving-kindness" in mindfulness is referred to as "metta" [11]. Practicing metta can be as subtle as not being hard on the self when OCD symptoms emerge [12]. It refers to only accepting beliefs that are reality-based while noticing, but not reacting to non-reality-based beliefs [11]. An example of enacting informal mindfulness is noticing you are about to engage in a compulsion

reactively and pausing for a moment, focusing awareness on the sensations of your breath and embracing fear sensations that are apparent in the body at that very moment as you anchor yourself in your breath, standing firm where you are [12].

Mindfulness Behavior Therapy

Mindfulness behavior therapy (MBBT) is a method of therapy that integrates intensive exposure and response (ERP) therapy with the modified four-step model (FSM), extensive writing exercises, pharmacotherapy, behavioral activation, weight management, time management, and partial hospitalization [13]. Meta-analyses have suggested that integration of formal mindfulness training decreases distress, such as that found in OCD, across multiple mood and anxiety disorders [13,14]. Mindfulness-Based Stress Reduction (MBSR) was also shown to reduce relapse in Major Depressive Disorder (MDD). MDD is found in over ¾ of those with primary OCD and can interfere with CBT when it is extreme [12].

Social Skills Training

The goal of SST is to help individuals elicit positive reinforcement from others [9]. Components of SST include special content, paralinguistic elements including voice volume, pace, pitch, and tone, non-verbal behavior such as proxemics, kinesics, eye contact, and facial depression, and timing of response with interactive balance [3]. The format of SST begins with an assessment of the client's baseline skills followed by a rationale for modification and education about the skills to be taught 9]. After this, a demonstration of the skills should be conducted, followed by a role-play with feedback and positive reinforcement [9]. Subsequently, a second role-play should be conducted, followed by feedback and positive reinforcement and more optional role-plays [9]. At least two role-plays are required to give the patient an opportunity to respond to feedback [9]. CBT without social skills training is an alternative treatment that is directed at correcting cognitive distortions [6].

Conclusion

Social phobia is a disorder characterized by intense fear or anxiety in social situations where individuals fear scrutiny [1]. This condition leads to significant impairment in social, occupational, and other areas of functioning [2]. Generalized social phobia (GSP) is a more severe form, affecting most social situations and resulting in greater life interference [5]. High comorbidity rates with disorders like major depression, OCD, and avoidant personality disorder (APD) highlight the complexity of social phobia [4]. APD shares similarities with social phobia, particularly the fear of rejection and criticism, but APD symptoms are broader and more severe. APD involves a general disinterest in social interactions, unlike the desire for social engagement seen in social phobia.

To effectively treat social phobia and related disorders, cognitive restructuring techniques, exposure therapy, and social skills training (SST) can be utilized [3]. Exposure therapy addresses avoidance behaviors, while SST targets performance deficits and cognitive distortions [9]. Mindfulness-based therapies, such as mindfulness behavior therapy (MBBT) and mindfulness-based stress reduction (MBSR), also help by reducing distress and improving mental health [12].

For successful diagnosis and treatment, clinicians must focus on the specific symptoms, comorbid conditions, and the individual's level of functional impairment [1]. Structured and individualized treatment plans that incorporate exposure exercises, mindfulness practices, and social skills training can significantly improve outcomes, helping individuals manage their social phobia and lead more fulfilling lives [9].

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