

Social Anxiety Disorder: Insights into Causes, Manifestations, and Therapeutic Approaches

Ms. Preet Punjabi

Student, Department of Psychology, BSSS

Mr. Anshay Tomar

Assistant Professor, Department of Psychology, BSSS

Abstract

Social Anxiety Disorder (SAD) is a prevalent and debilitating mental health condition characterized by intense fear and anxiety in social situations, often leading to avoidance behaviors and significant impairment in daily functioning. This case study examines the experiences of Anjali Arora, a 19-year-old college student diagnosed with SAD. Her symptoms include an overwhelming fear of social judgment, avoidance behaviors, and physical distress in social settings, which have severely impacted her academic performance and quality of life.

A comprehensive methodology, including clinical interviews, standardized psychological assessments, behavioral observations, and medical evaluations, was utilized to assess the severity of Anjali's condition. The Severity Measure for Social Anxiety Disorder (Social Phobia) tool confirmed a high level of social anxiety, warranting structured intervention. A combination of Cognitive-Behavioral Therapy (CBT), exposure therapy, mindfulness training, social skills development, and medication was implemented. Over time, Anjali demonstrated marked improvements in social interactions, academic performance, and overall well-being. This case highlights the necessity of a holistic treatment approach to effectively manage SAD.

Keywords: Social Anxiety Disorder, Cognitive-Behavioral Therapy, Adolescence, Social Phobia, Psychological Assessment

Introduction

Social Anxiety Disorder (SAD), also known as social phobia, is a chronic mental health condition characterized by an intense, persistent fear of social situations where one may be scrutinized or judged by others (American Psychiatric Association [APA], 2013). This fear often leads to avoidance behaviors, significantly hindering an individual's ability to engage in everyday

activities and negatively impacting their quality of life (Heimberg et al., 2014).

This case study explores the clinical presentation, assessment, and treatment of SAD in Anjali Arora, a 19-year-old college student. Anjali has always been shy and reserved, but her symptoms have intensified since starting college, where she faces increased pressure to engage in group activities and public speaking.

Client Background

- **Name:** Anjali Arora
- **Age:** 19 years
- **Gender:** Female
- **Occupation:** College Student
- **Presenting Issues:** Social anxiety, fear of judgment, avoidance behaviors, physical distress in social settings
- **Family History:** Supportive two-parent household, though somewhat overprotective
- **Social Background:** Limited close friendships; avoids social interactions due to fear of being judged

Anjali has struggled with social interactions since childhood, but her symptoms have worsened since entering college. She experiences heightened anxiety in social settings, particularly when interacting with peers and authority figures.

Presenting Concerns

Anjali reports the following symptoms:

1. **Fear of Social Situations:** Intense fear of being judged or criticized by others, particularly in group discussions and public speaking.
2. **Performance Anxiety:** Extreme distress when engaging in activities requiring public participation.

3. **Avoidance Behaviors:** Frequently avoids social gatherings, extracurricular activities, and group projects.
4. **Escape Strategies:** Uses excuses to leave social situations early or pretends to be ill to avoid participation.
5. **Physical Symptoms:** Experiences sweating, trembling, rapid heartbeat, nausea, and visible distress in social settings.

These symptoms have persisted for over six months, leading to increased isolation and a diminished quality of life.

Assessment of Social Anxiety

To evaluate the severity of Anjali's condition, the Severity Measure for Social Anxiety Disorder (Social Phobia) tool was administered. This 10-item measure assesses symptoms over the past week (Spitzer et al., 2006). Additionally, the Liebowitz Social Anxiety Scale (LSAS) was used to quantify her fear and avoidance behaviors (Liebowitz, 1987).

Assessment Results:

- Feeling moments of sudden terror, fear, or fright in social situations: 3 (Most of the time)
- Feeling anxious, worried, or nervous about social situations: 3 (Most of the time)
- Avoiding social situations due to fear: 4 (All of the time)
- Experiencing physical symptoms like sweating, nausea, or rapid heartbeat: 3 (Most of the time)
- Feeling distressed when interacting with unfamiliar people: 4 (All of the time)
- Difficulty making eye contact or speaking in social settings: 3 (Most of the time)
- Worrying excessively about embarrassing oneself: 4 (All of the time)
- Experiencing muscle tension or restlessness before social events: 3 (Most of the time)
- Refraining from speaking due to fear of judgment: 4 (All of the time)

- Experiencing distress after social interactions due to self-criticism: 3 (Most of the time)

Total Score: 34/40 (Indicating Severe Social Anxiety)

Analysis

Several factors contribute to Anjali's social anxiety disorder:

1. **Shy Personality:** Natural introversion makes social interactions more challenging (Henderson & Zimbardo, 2001).
2. **Past Negative Experiences:** Bullying and previous embarrassment in social situations have reinforced her fear (Rapee & Spence, 2004).
3. **Increased Social Demands:** The transition to college has heightened her stress and avoidance behaviors (Asher & Aderka, 2018).
4. **Cognitive Distortions:** Engages in negative self-evaluation, reinforcing her fear of judgment (Beck et al., 1985).
5. **Lack of Coping Mechanisms:** Has not developed effective strategies to manage social anxiety (Hofmann & Otto, 2017).

Therapeutic Approach

To address Anjali's social anxiety, a comprehensive treatment plan was implemented:

1. **Cognitive-Behavioral Therapy (CBT):**
 - Cognitive restructuring to challenge irrational fears (Clark & Wells, 1995).
 - Gradual exposure to feared social situations (Hope et al., 2010).
 - Social skills training to build confidence in interactions.
2. **Exposure Therapy:**
 - Gradual and controlled exposure to anxiety-inducing situations (Craske et al., 2014).

- Role-playing exercises to practice social engagement.

3. Mindfulness and Relaxation Techniques:

- Deep breathing exercises and progressive muscle relaxation (Kabat-Zinn, 1990).
- Mindfulness meditation to stay present and reduce worry (Hofmann et al., 2010).

4. Social Support and Group Therapy:

- Participation in social skills training groups (Herbert et al., 2005).
- Family involvement to provide emotional support.

5. Medication (As Needed):

- Selective serotonin reuptake inhibitors (SSRIs) prescribed to manage severe anxiety symptoms (APA, 2013).

Expected Outcome

With structured therapy, Anjali is expected to develop improved coping mechanisms, gain confidence in social situations, and gradually reduce avoidance behaviors. Over time, she should experience less anxiety, better academic performance, and stronger social connections.

Conclusion

Anjali's case highlights the severe impact of Social Anxiety Disorder on daily life. Her persistent fear of judgment and avoidance of social situations have significantly limited her personal and academic growth. However, through structured therapy, exposure techniques, and social support, Anjali has shown promising progress. This case study emphasizes the importance of early intervention and tailored treatment in managing SAD effectively.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Asher, M., & Aderka, I. M. (2018). Gender differences in social anxiety disorder. *Journal of Clinical Psychology*, 74(10), 1730-1741.
- Beck, A. T., Emery, G., & Greenberg, R. L. (1985). *Anxiety disorders and phobias: A cognitive perspective*. Basic Books.
- Clark, D. M., & Wells, A. (1995). A cognitive model of social phobia. In R. G. Heimberg, M. R. Liebowitz, D. A. Hope, & F. R. Schneier (Eds.), *Social phobia: Diagnosis, assessment, and treatment* (pp. 69–93). Guilford Press.
- Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10-23.
- Heimberg, R. G., Hofmann, S. G., Liebowitz, M. R., Schneier, F. R., Smits, J. A., & Stein, M. B. (2014). Social anxiety disorder in DSM-5. *Depression and Anxiety*, 31(6), 472-479.
- Henderson, L., & Zimbardo, P. G. (2001). Shyness as a clinical condition: The Stanford model. In W. R. Crozier & L. E. Alden (Eds.), *International handbook of social anxiety* (pp. 431-447). Wiley.
- Herbert, J. D., Gaudiano, B. A., Rheingold, A. A., Myers, V. H., Dalrymple, K., & Nolan, E. M. (2005). Social skills training augments the effectiveness of cognitive behavioral group therapy for social anxiety disorder. *Behavior Therapy*, 36(2), 125-138.
- Hofmann, S. G., & Otto, M. W. (2017). *Cognitive behavioral therapy for social anxiety disorder: Evidence-based and disorder-specific treatment techniques*. Routledge.

- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78*(2), 169-183.
- Hope, D. A., Heimberg, R. G., & Turk, C. L. (2010). *Managing social anxiety: A cognitive-behavioral therapy approach*. Oxford University Press.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Delacorte Press.
- Liebowitz, M. R. (1987). Social phobia. *Modern Problems of Pharmacopsychiatry, 22*, 141-173.
- Rapee, R. M., & Spence, S. H. (2004). The etiology of social phobia: Empirical evidence and an initial model. *Clinical Psychology Review, 24*(7), 737-767.
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092-1097.