

Case Report on Social Anxiety Disorder: Challenges and Management

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Abstract

This case report explores the experiences of Aqsa Kidwai, a 14-year-old school-going girl diagnosed with Social Anxiety Disorder (SAD), also referred to as Social Phobia. The study discusses the diagnostic process, using the Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA) along with other evaluative methods, including painting analysis, to better understand her mental state. According to the LSAS-CA assessment, Aqsa exhibited very severe social anxiety, with symptoms such as shivering, sweating, avoidance of public interactions, and an intense fear of judgment. The report further includes recommendations for individuals dealing with SAD, including cognitive-behavioral therapy (CBT), exposure therapy, relaxation techniques, and gradual social exposure. The findings emphasize the importance of early identification and structured interventions for adolescents struggling with SAD.

Keywords: Social Anxiety Disorder, social phobia, adolescent anxiety, cognitive-behavioral therapy, exposure therapy

Introduction

Social Anxiety Disorder (SAD), also known as Social Phobia, is a psychological condition where individuals experience extreme distress in social interactions. People with SAD often have an excessive fear of being judged, embarrassed, or evaluated negatively. The condition leads to avoidance behaviors, difficulty speaking in public, and physical symptoms such as sweating, trembling, and rapid heartbeat. SAD can be classified into three types:

- Generalized SAD: Fear of most social situations.

- Specific SAD: Fear of specific social situations (e.g., public speaking).
- Performance SAD: Fear of performing in front of others.

The causes of SAD are multifactorial, including genetic predisposition, brain chemistry, environmental factors such as trauma and bullying, family history of anxiety disorders, shyness, low self-esteem, and social isolation. This report presents a case study of a 14-year-old girl diagnosed with severe SAD and explores diagnostic techniques and interventions to improve her condition.

Case Presentation

Aqsa Kidwai, a 14-year-old girl, exhibited significant symptoms of Social Anxiety Disorder. She struggled with a persistent fear of being judged or embarrassed, avoided speaking in public, and showed physical signs of distress such as shivering and sweating. Aqsa expressed a preference for solitude, avoiding group activities such as dancing, singing, or participating in class discussions. Her reluctance to engage in social interactions negatively impacted her academic performance, as she avoided clearing doubts in class due to her anxiety. Following these observations, an initial hypothesis was formed that Aqsa may be experiencing SAD. To confirm the diagnosis, the Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA) was administered. Additionally, a painting task was used to assess her thoughts and emotions through color choices and patterns.

Diagnostic Assessment

The Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA), developed by Michael Liebowitz in 1987, is a structured assessment tool designed to evaluate the severity of social anxiety in children and adolescents. This questionnaire consists of 24 items categorized into two subscales: the Fear Scale, which measures the level of fear experienced in social situations, and the Avoidance Scale, which assesses the extent to which an individual avoids social situations due to anxiety. The scoring system for the LSAS-CA assigns ratings from 0 to 3, with the Fear Score ranging from 0 (none) to 3 (severe fear) and the Avoidance Score ranging from 0 (never avoids) to 3 (usually avoids). In addition to this standardized assessment, a painting analysis was conducted to gain deeper insight into the subject's emotional state. The individual was asked to create a painting, allowing for an evaluation of emotions through the choice of colors and patterns. The artwork predominantly featured cool colors, particularly shades of purple, which are often associated with calmness and isolation. This artistic expression suggested a reserved personality, further reinforcing the diagnosis of severe social anxiety.

Findings and Analysis

The assessment results confirmed that Aqsa suffered from very severe Social Anxiety Disorder, with a total LSAS-CA score of 110, indicating significant distress in social situations. The key findings from the diagnostic process were:

- Severe Fear of Social Interactions: She avoided participating in group discussions, answering questions in class, and engaging in extracurricular activities.
- Physical Symptoms: Shivering, sweating, and rapid heartbeat were observed during social interactions.

- Emotional Withdrawal: Preferring isolation, enjoying solitude, and avoiding any interaction that required social engagement.

The combination of these symptoms indicated a strong need for structured therapeutic intervention to help her manage and overcome social anxiety.

Recommendations

Several evidence-based strategies can help individuals manage and gradually overcome Social Anxiety Disorder. Professional therapy plays a crucial role, with Cognitive Behavioral Therapy (CBT) helping individuals identify and modify negative thought patterns associated with social anxiety. Exposure Therapy involves gradual and controlled exposure to feared social situations in a supportive environment to build confidence, while Acceptance and Commitment Therapy (ACT) encourages individuals to accept anxiety rather than resist it, allowing them to function better in social settings. In addition to therapy, relaxation techniques such as mindfulness and deep breathing exercises help individuals focus on the present moment and reduce feelings of anxiety, while Progressive Muscle Relaxation (PMR) systematically tenses and relaxes different muscle groups to relieve physical tension. Challenging negative thoughts is another important strategy, as identifying and reframing fears of judgment or embarrassment can lead to a more positive and rational outlook. Gradual social exposure, where individuals progressively increase their participation in social interactions, can help build self-confidence and reduce fear responses over time. Lastly, social skills training and a strong support system, including engagement with supportive peers and family members, can create a positive and encouraging environment that fosters social engagement and overall improvement in managing social anxiety.

Conclusion

This case study highlights the severe impact of Social Anxiety Disorder on adolescents and emphasizes the importance of early diagnosis and intervention. The assessment using LSAS-CA confirmed that the subject experienced significant distress in social settings, leading to avoidance behaviors and academic struggles. Evidence-based interventions such as CBT, exposure therapy, and relaxation techniques can play a crucial role in managing SAD and improving the quality of life for affected individuals. Encouraging awareness, reducing stigma, and providing structured support are essential in addressing the challenges faced by adolescents dealing with social anxiety.

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