



Social Anxiety Disorder

ADAA

Anxiety & Depression
Association of America

Triumphing Through Science, Treatment, and Education

www.adaa.org

Social Anxiety Disorder



Everyone can relate to feeling anxious before giving a presentation, asking someone out on a date, or going on a job interview. Butterflies in your stomach, sweaty palms, pounding heart—all of these are normal feelings in a new or intimidating social situation.

However, for 15 million+ American adults, this anxiety causes **extreme self-consciousness in everyday social or performance situations.**

Their anxiety about being scrutinized and negatively evaluated is so severe that they become overwhelmed with fear. This happens in what others consider nonthreatening social interactions—having a conversation, ordering food in a restaurant, signing their name in public, or making a phone call. When anxiety occurs in these situations and results in significant distress, fear, impairment, or avoidance, it is referred to as social anxiety disorder (SAD).

Social anxiety disorder is an under-recognized, under-diagnosed, and under-treated disorder.

SAD is not simply medicalized shyness. It is a **disabling disorder characterized by overwhelming anxiety and excessive self-consciousness in everyday social or performance situations.**

These are some common signs or symptoms of SAD:



- Fear of being visibly nervous in front of others
- Extreme anticipatory anxiety about social interactions and performance situations, such as speaking to a group
- Fear of not knowing what to say
- Avoiding face-to-face interactions by depending on technology
- Fear of eating in public
- Using alcohol or marijuana to function in social situations
- Paruresis/Shy Bladder Syndrome

People with SAD have strong physical symptoms before or during social situations, which may include blushing, sweating, trembling, nausea, heart palpitations, chest discomfort, shortness of breath, dizziness, shy bladder, and headaches.

These physical symptoms can continue for a time after the social situation as the anxiety level comes down.



Normal Anxiety vs. SAD

Anxiety is a normal emotional reaction to stress. Anxiety helps us get out of harm's way and prepare for important events, and it warns us when we need to take action.

When anxiety is persistent, excessive, seemingly uncontrollable, overwhelming, and disabling or when it interferes with daily activities, you may have social anxiety or another anxiety disorder.

Normal Anxiety

Feeling anxious prior to making a presentation, leading a meeting, or asking your boss for a raise.

Feeling shy and awkward when walking into a room full of strangers.

Butterflies or jitters before a blind date.

Turning down a well-earned promotion that might involve public speaking.

Dreading your office holiday party, experiencing intense anxiety, and leaving early or avoiding it altogether.

Refusing a dinner invitation from someone you've known for years for fear of blushing and embarrassing yourself.

SAD



Effects

Those with SAD are at increased risk for depression, alcohol abuse, and suicide attempts—even more so than people who have other anxiety disorders. They may avoid any situation in which they fear intense feelings of anxiety and fear will arise. **The disorder can disrupt family life, reduce self-esteem, and limit work efficiency.**



People with SAD:

- May have few or no social or romantic relationships, making them feel powerless, alone, or even ashamed.
- May be terrified that they will be negatively evaluated or that they will embarrass or humiliate themselves.

This can be economically devastating because they have difficulty completing school, interviewing and getting a job, and building professional relationships.

The disorder can be selective, too. Some people may have an intense fear of a single circumstance such as talking to a salesperson or making a phone call, but they can be perfectly comfortable in other social settings or performing in front of an audience.

Others may become anxious in routine activities such as:

- Talking to a stranger or an authority figure
- Participating in meetings or classes
- Attending parties
- Dating

And some may have a **performance-focused form of SAD**: giving a presentation in class or at work or performing at a concert or sports event. However, they may be quite comfortable in other social situations.

Causes

Scientific research suggests that biological, genetic, and environmental factors are all risk factors. The disorder typically begins around 13 years old, but younger children can also suffer. Those who cry, cling, or fail to speak in social situations with other children may be suffering. Children and teens will not simply grow out of this disorder. If signs and symptoms persist, it's important to see a mental health professional to receive a diagnosis and treatment plan.

A mental health professional can provide a diagnosis and an individualized treatment plan.



Treatment

Most people who seek treatment for SAD see significant improvement and enjoy a better quality of life. You can start the conversation with your doctor/primary care physician and a mental health professional.



ADAA has resources to help you prepare for this conversation.

Early diagnosis and treatment provide the best hope for preventing the onset of other related disorders. A variety of treatment options are scientifically proven to be effective. One evidence-based treatment is cognitive-behavioral therapy (CBT), a type of psychological therapy based firmly on research findings. This is a short-term treatment

that actively involves people in changing the way they perceive situations and events in their lives and helps them develop skills to better cope with anxiety. Mindfulness Training and Acceptance Commitment Therapy (ACT) are also helpful treatment options.

Medications called selective serotonin reuptake inhibitors (SSRIs) have also proved effective in the treatment of SAD, and they are often used along with psychological therapies. Also called antidepressants, these prescribed medications should be taken under the supervision of a trained doctor.



Learn more about treatment and medication options at www.adaa.org.

Children, Adolescents, and Teens

Children, adolescents, and teens with this disorder may have few or no friends. They may not participate in class or play at recess. Family history of anxiety or depression increases the risk that this may not be a problem a child will grow out of.

SAD is seen in children of all ages, but it starts more often during the teenage years. Rather than saying they are anxious or afraid, children who are eight or nine years old are more likely to report their physical symptoms and want to avoid most social situations.

Children need to be properly diagnosed and treated early. SAD can affect children for years before it is diagnosed. As children grow and mature, they learn how to avoid being the focus of attention at school

SAD does not just go away, and the consequences often include loneliness, low self-esteem, reduced success in school, depression, and substance misuse.



or home; as a result, their extreme discomfort in social situations can go unnoticed.

Early intervention and treatment can be very successful, and it may prevent the development of other disorders. It also allows children and teens to function better at school and in their social life.

Some common physical symptoms of socially anxious children include:



- Stomachaches
- Headaches
- Queasiness or butterflies in the stomach
- Rapid heartbeat
- Nausea
- Shortness of breath
- Blushing
- Dizziness
- Dry mouth

Treatment for Children

Most young people with SAD can be successfully treated with CBT and sometimes medication.

CBT often teaches parents skills that they can use to help their child.

For children with selective mutism (see next page to learn more about this disorder), behavioral and CBT strategies are the most widely supported psychological treatments.

Behavioral strategies devise a plan for a child to gradually speak more in difficult situations and provide positive reinforcement.

Cognitive strategies identify anxious thoughts that contribute to the child's not speaking.

Medications may also be prescribed to address the anxiety that underlies a child's inability to speak in certain situations. They are most effective when combined with behavioral or psychological treatments.

There is no single "right" treatment for social anxiety or other disorders. What works for someone else may not be the best choice for you or your child. Every course of treatment should be tailored to an individual's needs. Ask your treatment provider to explain why a particular type of treatment is recommended, what the other available options are, and what to do to fully participate in your recovery.



Learn more about effective treatments: www.adaa.org/finding-help/treatment.

SAD and Other Disorders

In addition to SAD, the term "anxiety disorder" includes **generalized anxiety disorder (GAD), panic disorder and panic attacks, agoraphobia, selective mutism, separation anxiety disorder, and specific phobias.**

How Co-occurring Disorders Can Impact SAD

These other anxiety disorders co-exist with SAD and can impact each other. Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) are closely related to anxiety disorders; anxiety is one of their primary symptoms.



Some may experience these disorders along with depression and related disorders at the same time; depression is a common co-occurring disorder.

Each disorder has specific symptoms, and treatment for all disorders is effective. Workarounds (avoidance, self-talk, default responses/scripts, turning to alcohol) are not effective long-term and can be detrimental. Please reach out to a treatment provider for help.



For more information on anxiety and co-occurring disorders, and treatment options, visit: www.adaa.org.

Selective Mutism

Often co-existing with SAD is selective mutism. **People with this anxiety disorder are capable of speech, but they do not speak in some situations or to some people.** This disorder is usually first noticed when a child starts attending school, including preschool, and children with the disorder do not necessarily improve with age.

Selective mutism can contribute to chronic depression, further anxiety, limited progress in school, and other social and emotional problems.



Without treatment, selective mutism interferes with school and friendships and causes significant stress and upset within a family.



For more information about selective mutism, including treatments, visit www.selectivemutism.org.



“Asking for help is the first step to change: If you act like everything’s all right when it’s not, how do you expect anyone to be able to help you? Statistics show that most people suffer in silence for around 10 years before seeking help with social anxiety. That makes no sense because this condition is treatable.”

– TOBIAS

ADAA Personal Story
of Triumph

Getting Help

Visit www.adaa.org to find qualified mental health professionals using the **Find a Therapist** directory or the **Telemental Health Provider** listing.

ADAA also provides resources to:

- Screen yourself for SAD and learn more about treatment.
- Review questions to ask a mental health provider.
- Find resources and self-help books.
- Read stories from those who have struggled and triumphed.
- Locate support groups in your area.

We are here to help you find answers and make good decisions for your health care.

About ADAA

The Anxiety and Depression Association of America (ADAA) works to prevent, treat, and cure anxiety disorders and depression.

ADAA is an international nonprofit organization dedicated to the prevention, treatment, and cure of anxiety, depression, OCD, PTSD, and co-occurring disorders through the alignment of science, treatment, and education.

For information visit
www.adaa.org or contact:

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The logo for the Anxiety & Depression Association of America (ADAA). It features the letters "ADAA" in a bold, white, sans-serif font. The text is set against a dark blue rectangular background that has a slight 3D effect, appearing to be layered over a lighter blue background. Below the blue rectangle, there is a green triangular shape pointing upwards, partially overlapping the bottom edge of the blue box.

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