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# **OVERCOMING SOCIAL ANXIETY AND SHYNESS**

*A self-help guide using  
Cognitive Behavioral Techniques*

GILLIAN BUTLER

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### **Important Note**

This book is not intended as a substitute for medical advice or treatment.  
Any person with a condition requiring medical attention should consult  
a qualified medical practitioner or suitable therapist.

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## Acknowledgements

The ideas in this book have many sources, and my task has been to bring them together in a way that I hope will be useful. If the book achieves its aim then all these sources should be acknowledged, including the personal as well as the professional ones. Conversations about social anxiety with my family, friends, colleagues, students and patients have all contributed to the shape and content of this book, and these conversations have been going on, intermittently of course, since the early 1980s, when I first became interested in this subject. I have enjoyed them, and I have found them stimulating and interesting. More recent influences, however, have been especially important, and I would particularly like to acknowledge the innovative and creative ideas of four colleagues whose work on social anxiety has helped to change the way in which it can now be treated: David Clark, Melanie Fennell, Ann Hackmann and Adrian Wells.



## **Introduction**

### **Why a cognitive behavioral approach?**

Over the past two or three decades, there has been something of a revolution in the field of psychological treatment. Freud and his followers had a major impact on the way in which psychological therapy was conceptualized, and psychoanalysis and psychodynamic psychotherapy dominated the field for the first half of this century. So, long-term treatments were offered which were designed to uncover the childhood roots of personal problems – offered, that is, to those who could afford it. There was some attempt by a few health service practitioners with a public conscience to modify this form of treatment (by, for example, offering short-term treatment or group therapy), but the demand for help was so great that this had little impact. Also, whilst numerous case histories can be found of people who are convinced that psychotherapy did help them, practitioners of this form of therapy showed remarkably little interest in demonstrating that what they were offering their patients was, in fact, helpful.

As a reaction to the exclusivity of psychodynamic therapies and the slender evidence for its usefulness, in the 1950s and 1960s a set of techniques was developed, broadly collectively termed 'behavior therapy'. These techniques shared two basic features. First, they aimed to remove symptoms (such as anxiety) by dealing with those symptoms themselves, rather than their deep-seated underlying historical causes. Second, they were techniques, loosely related to what laboratory psychologists were finding out about the mechanisms of learning, which were formulated in testable terms. Indeed, practitioners of behavior therapy were committed to using techniques of proven value or, at worst, of a form which could potentially be put to the test. The area where these techniques proved of most value was in the treatment of anxiety disorders, especially specific phobias (such as fear of animals or heights) and agoraphobia, both notoriously difficult to treat using conventional psychotherapies.

After an initial flush of enthusiasm, discontent with behavior therapy grew. There were a number of reasons for this, an important one of which was the fact that behavior therapy did not deal with the internal thoughts which were so obviously central to the distress that patients were experiencing. In this context, the fact that behavior therapy proved so inadequate when it came to the treatment of depression highlighted the need for major revision. In the late 1960s and early 1970s a treatment was developed specifically for depression called 'cognitive therapy'. The pioneer in this enterprise was an American psychiatrist, Professor Aaron T. Beck, who developed a theory of depression which

emphasized the importance of people's depressed styles of thinking. He also specified a new form of therapy. It would not be an exaggeration to say that Beck's work has changed the nature of psychotherapy, not just for depression but for a range of psychological problems.

In recent years the cognitive techniques introduced by Beck have been merged with the techniques developed earlier by the behavior therapists to produce a body of theory and practice which has come to be known as 'cognitive behavior therapy'. There are two main reasons why this form of treatment has come to be so important within the field of psychotherapy. First, cognitive therapy for depression, as originally described by Beck and developed by his successors, has been subjected to the strictest scientific testing; and it has been found to be a highly successful treatment for a significant proportion of cases of depression. Not only has it proved to be as effective as the best alternative treatments (except in the most severe cases, where medication is required), but some studies suggest that people treated successfully with cognitive behavior therapy are less likely to experience a later recurrence of their depression than people treated successfully with other forms of therapy (such as antidepressant medication). Second, it has become clear that specific patterns of thinking are associated with a range of psychological problems and that treatments which deal with these styles of thinking are highly effective. So, specific cognitive behavioral treatments have been developed for anxiety disorders, like panic disorder, generalized anxiety disorder, specific phobias and social phobia, obsessive compulsive disorders, and hypochondriasis (health

anxiety), as well as for other conditions such as compulsive gambling, alcohol and drug addiction, and eating disorders like bulimia nervosa and binge-eating disorder. Indeed, cognitive behavioral techniques have a wide application beyond the narrow categories of psychological disorders: they have been applied effectively, for example, to helping people with low self-esteem and those with marital difficulties.

At any one time almost 10 per cent of the general population is suffering from depression, and more than 10 per cent has one or other of the anxiety disorders. Many others have a range of psychological problems and personal difficulties. It is of the greatest importance that treatments of proven effectiveness are developed. However, even when the armoury of therapies is, as it were, full, there remains a very great problem – namely that the delivery of treatment is expensive and the resources are not going to be available evermore. Whilst this shortfall could be met by lots of people helping themselves, commonly the natural inclination to make oneself feel better in the present is to do precisely those things which perpetuate or even exacerbate one's problems. For example, the person with agoraphobia will stay at home to prevent the possibility of an anxiety attack; and the person with bulimia nervosa will avoid eating all potentially fattening foods. Whilst such strategies might resolve some immediate crisis, they leave the underlying problem intact and provide no real help in dealing with future difficulties.

So, there is a twin problem here: although effective treatments have been developed, they are not widely available;

and when people try to help themselves they often make matters worse. In recent years the community of cognitive behavior therapists have responded to this situation. What they have done is to take the principles and techniques of specific cognitive behavior therapies for particular problems and represent them in self-help manuals. These manuals specify a systematic program of treatment which the individual sufferer is advised to work through to overcome their difficulties. In this way, the cognitive behavioral therapeutic techniques of proven value are being made available on the widest possible basis.

Self-help manuals are never going to replace therapists. Many people will need individual treatment from a qualified therapist. It is also the case that, despite the widespread success of cognitive behavioral therapy, some people will not respond to it and will need one of the other treatments available. Nevertheless, although research on the use of cognitive behavioral self-help manuals is at an early stage, the work done to date indicates that for a very great many people such a manual will prove sufficient for them to overcome their problems without professional help.

Many people suffer silently and secretly for years. Sometimes appropriate help is not forthcoming despite their efforts to find it. Sometimes they feel too ashamed or guilty to reveal their problems to anyone. For many of these people the cognitive behavioral self-help manuals will provide a lifeline to recovery and a better future.

Professor Peter Cooper  
The University of Reading



## A note of caution

In order to overcome a problem it is important to understand it. Although it may be tempting to skip this section of the book, and to start working on the problem right away, there is much to be gained from reading through the five chapters of Part One. The first one describes the problem of social anxiety, and will help you to find out whether this is indeed the problem you want to read about and work on (or encourage someone else to work on). It helps you to recognize the different forms the problem can take and the different ways in which it can affect you. The second chapter is about shyness, and describes some of the similarities and differences between social anxiety and shyness. In the rest of the book the term *social anxiety* is used to refer to both, as they have similar symptoms, with similar effects, and overcoming them involves using similar strategies.

The third chapter explains the central part played by thinking in social anxiety, and introduces some ideas about what needs to change if the problem is going to improve. The fourth chapter attempts to answer one of the most common questions that people who feel socially anxious

ask: where did the problem come from? Finally, the fifth chapter explains how we understand what is going on in social anxiety, enabling us to pinpoint the things that need to be worked on in order to overcome the problem.

**PART ONE**

# **Understanding Social Anxiety**



# 1

## What is social anxiety

Social anxiety is a shorthand term that describes the fear, nervousness and apprehension most people at times experience in their relationships with other people. Some people who suffer from social anxiety would say they were shy, and may have been shy all their lives, but some people who are not shy also suffer from social anxiety. So shyness is not the whole story. Social anxiety strikes people when they think that they might do something that will be humiliating or embarrassing. Social anxiety makes you think that other people are judging you, and doing so in a negative way, because of something you said or did. Of course, the fear that you will do something humiliating or embarrassing is inhibiting, and it also makes you self-aware: conscious of the possibility that you might indeed do such a thing. Who would want to get into conversation if they thought that doing so would only reveal their clumsiness, or inadequacy, or tendency to blush? Socially anxious people tend to assume that their interactions with others will be painfully revealing: that others will notice their weaknesses or awkwardness; that they will be dismissed, ignored, criticized or rejected for not behaving more acceptably.

Seeing things this way makes it hard to interact naturally with people, and difficult to talk, listen or make friends. Often it leads to isolation and loneliness, and for many people one of the sadnesses of suffering from this problem is that it prevents them becoming intimate with other people, or finding a partner with whom to share their lives.

Socially anxious people usually feel friendly towards others and certainly have their fair share of the positive characteristics that other people appreciate. They may have a sense of fun, be energetic and generous, kind and understanding, serious, amusing, quiet or lively, and they spontaneously behave in these ways when they feel at ease. But feeling at ease in company is so hard for them, and makes them so anxious, that these qualities are often hidden from view. The anxiety interferes with their expression, and the ability to display them may have gone rusty from lack of use. Indeed, socially anxious people may have altogether lost belief in their likeable qualities together with their self-confidence. One of the rewards of learning to overcome social anxiety is that it enables you to express aspects of yourself that may previously have been stifled, and allows you to enjoy, rather than to fear, being yourself. It allows you to discover, or to rediscover, yourself.

### **Defining the problem**

Definitions are useful because they help us to focus on the features of social anxiety that make it problematic – that cause the pain and prolong the agony.

Social anxiety is normal. Everybody feels it sometimes (so everyone knows to some degree what it is like), and it would be absurd for any of us to suppose that we would never feel socially anxious again. For this reason it helps to start by defining when social anxiety becomes a problem, and thinking clearly about what it is that needs to change when it interferes with your life. First, if social anxiety is normal, then it will never go away, whatever you do. So, rather than attempting the impossible, and seeking a 'cure', energy is better spent learning how to reduce its painful aspects and consequences, so that it no longer causes distress and interferes with your life.

The kind of social anxiety, and amount of it, that qualifies someone for a diagnosis using the term *social phobia* is to be found in the *Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV, 1994)*. The manual sets out four main criteria:

- 1 *A marked and 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 humiliating or embarrassing. Note that people with social phobia may not actually do anything humiliating or embarrassing; they only have to fear that they will. Their symptoms do not even have to show. They only have to think that there is a possibility of this happening for them to feel fearful and anxious.*
- 2 *Exposure to the feared social situations almost invariably provokes anxiety.* The precise things that someone with

social phobia fears may be quite idiosyncratic: talking on the telephone, prolonging a conversation, entering a room full of people, eating or writing when other people can see what they are doing, or speaking up in front of a group of others; but having to do these things is nearly always difficult for them. Of course, there is no hard and fast line between normal and clinical levels of anxiety – all degrees of social anxiety exist – but social anxiety at a normal level is relatively intermittent. The feelings come and they also go. For everyone there are likely to be some particularly bad times, for example when starting a new job and going through the ordeal of showing that you can do what is expected of you. There are also likely to be some relatively good ones, when you feel more confident and at ease. For people whose level of social anxiety causes them to suffer there are more bad times and fewer good ones, and the bad times are worse.

- 3 *The person recognizes that the fear is excessive and unreasonable.* One of the distressing consequences of having a social phobia is that you know that the things that make you anxious are not really dangerous, and that they may hardly bother other people at all. But knowing that you suffer ‘excessively’ and ‘unreasonably’ compared with others – that in some sense the suffering is unnecessary – only makes it worse. It can make you feel unconfident, inadequate or inferior as well as anxious.
- 4 *The feared social or performance situations are avoided or else are endured with intense anxiety or distress.* It is only natural – it makes sense in terms of self-protection – to avoid or escape from frightening situations. The experience of

fear alerts you to the possibility of danger. Staying where you are might be risky. However, people with social anxiety are in an especially difficult position as they do not want to be lonely and isolated, and they cannot control the sources of their fear: other people and the thoughts that other people might have about them. Contact with people, when shopping, travelling or working, cannot be avoided completely, and socially anxious people want to work, make friends and feel that they belong just as much as others. So instead of avoiding or escaping from difficult situations, they may endure them despite the distress that they feel, and focus on keeping the risks or threats as small as possible: on keeping themselves as safe as they can. The intensity of the anxiety they feel makes this strategy seem only sensible.

In order to emphasize the difference between normal social anxiety and *social phobia*, the technical term for the clinical diagnosis, the diagnostic manual adds some general points: the problem must interfere with the person's life, cause a significant degree of distress and have persisted for at least six months. Whether or not these aspects of the problem are severe enough to fulfil criteria for social phobia is to some extent a matter of clinical judgment, as there is, for example no hard and fast way of deciding what degree of distress counts as significant.

For diagnostic purposes, two kinds of social phobia have been distinguished. For some people the problem is relatively limited and is confined to a few situations, such as speaking in public (the most common *specific social phobia*),

or being with sexually attractive people; for others it is more likely to affect most situations involving interaction with others, and in these cases it is called *generalized social phobia*. In this book the term 'social anxiety' rather than 'social phobia' will be used, because there is no hard and fast distinction between being socially anxious and having a (diagnosable) social phobia; because social anxiety is what people with social phobia feel, so it makes sense to use the ordinary language term that refers to both conditions; and because the same ideas apply to understanding the problem and working out how to overcome it irrespective of whether you have mild, occasional social anxiety or a more entrenched and distressing social phobia.

*Shyness* is another term that could be used here, and people who are shy will recognize and understand many of the descriptions given above. The term has not been used so far for the sake of simplicity, but, as we shall see in the next chapter, shyness is similar to social anxiety, even though it is not a 'diagnosis'. More is known about social anxiety than about shyness, which psychologists have only recently started to study, but there is much overlap between the two, and the symptoms of social anxiety which are described in the next section of this chapter are also likely to be familiar to shy people. This does not mean that shy people should be 'diagnosed' as having a psychological disorder, but reflects the fact that shyness as well as social anxiety comes in varying degrees, and that its effects can be more or less problematic.

## The symptoms of social anxiety

The technical definition of the problem provides a starting point for our understanding. The next step is to think about how social anxiety affects you. What are its main symptoms?

The four main types of symptoms are shown in Box 1.1, together with some examples. No two people are ever exactly the same and there are many possible symptoms, so if the ones you experience are not there, just add them to the list. In order to start making an assessment of the problem for yourself, think carefully about how your version of social anxiety affects your *thinking*, your *behavior*, your *body* and your *emotions*. It would be unusual not to have any symptoms at all in one of these four categories, although it can at first be difficult to recognize some of them in yourself. It is worth spending some time thinking through your particular experience of social anxiety, using this list as a prompt.

### BOX 1.1: EXAMPLES OF THE SIGNS AND SYMPTOMS OF SOCIAL PHOBIA

#### *Effects on thinking*

- Worrying about what others think of you
- Finding it difficult to concentrate, or remember what people say
- Focusing attention on yourself; being painfully aware of what you do and say
- Thinking about what might go wrong, ahead of time
- Dwelling on things you think you did wrong, after the event
- Mind going blank; being unable to think what to say

### *Effects on behavior*

- Speaking quickly or quietly, mumbling, getting words mixed up
- Avoiding catching someone's eye
- Doing things to make sure that you do not attract attention
- Keeping safe: in 'safe' places, or talking to 'safe' people, about 'safe' topics
- Avoiding difficult social occasions or situations

### *Effects on the body*

- Signs of anxiety that others can see, such as blushing, sweating or trembling
- Feeling tense; the aches and pains that go with being unable to relax
- Panicky feelings: heart pounding, dizziness or nausea, breathlessness

### *Effects on emotions or feelings*

- Nervousness, anxiety, fear, apprehension, self-consciousness
- Frustration and anger, with oneself and/or with others
- Feeling unconfident; feelings of inferiority
- Feeling sad, or depressed, or hopeless about being able to change

In practice the symptoms link up with each other, so that thoughts, behaviors, bodily reactions and emotions (or feelings) interlink in various ways, and each of them affects all of the others. For example, thinking you look foolish makes you feel self-conscious, so you look away, and try to fade into the background, which makes you aware that you are trembling and your heart is thumping. Or feeling

hot and panicky makes it hard to think what to say, so you blurt out something that makes little sense, and then feel embarrassed. This interconnection between thoughts, feelings (both emotions and bodily feelings or sensations) and behavior makes it hard to disentangle how a particular bout of anxiety first started. Chapter 5 describes more about how the various aspects of social anxiety fit together.

**Beyond the definition:  
What is it like to have this problem?**

A definition and a list of symptoms provide the starting place for thinking about social anxiety, but they do not give the complete picture – or do justice to the suffering involved. It is hardly surprising that a problem that potentially affects so many aspects of life should have wide-ranging effects.

**Subtle kinds of avoidance**

Some socially anxious people avoid going out with friends, to meetings or to grander social occasions such as weddings, but many others continue to go to events that they fear, and on the surface it seems that their lives are not restricted and that avoidance is not a problem for them. However, this is to overlook the many subtle ways in which one can avoid difficult aspects of situations, some of which are shown in Box 1.2. If you avoid something you cannot learn that it is, despite what one might think about it, harmless. It is important not to overlook subtle kinds of avoidance as, like avoidance of any kind, they play an important part in keeping the problem going.

### BOX 1.2: SUBTLE KINDS OF AVOIDANCE

- Waiting for someone else to arrive before entering a room full of people
- Handing things round at a party, so as to avoid getting into conversation
- Putting things off, such as meeting the neighbours or shopping at crowded times
- Turning away when you see someone coming who makes you feel anxious
- Avoiding talking about anything personal
- Avoiding using your hands when others might be watching
- Not eating in public places

Avoidance is not doing something because to do it would make you anxious.

### Safety behaviors

Other people are the problem for people who are socially anxious, and one of the difficulties about other people is that you can never predict what they will do next. At any moment they may, unwittingly perhaps, 'land you in it': that is, they may do precisely the thing that you find hardest to deal with, such as put you on the spot by asking you a direct question; introduce you to the person who makes you feel most anxious (someone in authority or the most attractive person in the room); ask for your opinion; or just walk away from you to talk to someone else. So when with other people you can feel perpetually at risk – and it is not at all clear what you could avoid to make yourself feel

better. Then your mind naturally focuses on how to keep safe. Socially anxious people develop a wide repertoire of 'safety behaviors', or things that they do in order to reduce the sense of being at risk: looking at the floor so that no one can catch their eye; wearing heavy make-up to hide their blushes, or light clothing in case they feel hot and sweaty; leaving the room immediately the meeting is over so that they do not have to get involved in 'small talk'. More examples of safety behaviors are shown in Box 1.3.

If you read through this list you will notice that some of them appear to be opposites, like either keeping quiet or trying to keep the conversation going. This is because different people want to do different things in order to feel safe. For some it feels safer to say little, and to make sure that what they do say makes sense. That way they feel as if they can reduce the risk of making fools of themselves. Others feel safer if they take responsibility for keeping a conversation going. When a silence feels like eternity it can feel safer to keep on chattering even if you might not be making a lot of sense.

### **BOX 1.3: EXAMPLES OF SAFETY BEHAVIORS**

- Rehearsing what you are about to say; mentally checking you have got the words right
- Speaking slowly, or quietly; or talking fast and not stopping to draw breath
- Hiding your hands or face; putting your hand to your mouth
- Holding things tight, or locking your knees together to control shaking

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- Letting your hair fall in front of your face; wearing clothes that hide parts of your body
- Trying to amuse people and tell jokes; or never risking a joke
- Not talking about yourself or your feelings; not expressing opinions
- Saying nothing that might be challenging or controversial; always agreeing
- Wearing smart clothes (the 'vener'), or unnoticeable clothes (so as not to stand out)
- Sticking with a 'safe' person or in a 'safe' place; not taking any chances
- Keeping an eye on the escape route; never getting fully involved

A safety behavior is doing something to keep yourself safe. Many safety behaviors involve trying not to attract unwanted attention.

### Dwelling on the problem

Social anxiety can come upon you, and feel overwhelming when it does, at the drop of a hat – partly because of the unpredictability of others, and partly because the fear of it is constantly in the mind. So *anticipatory anxiety* becomes part of the problem as well. Thinking about future encounters brings to mind a host of thoughts about how things might go wrong, often in rather vague and threatening ways: 'What if . . . I can't think of anything to say? . . . Everyone else knows people but I don't? . . . I'm expected

to speak up? . . . My voice starts to tremble?’ and so on. Apprehension and worry make it hard to look forward to events, or aspects of them, that others enjoy or find relaxing, such as the drink after the football game, the lunch break at work, going to a party or visiting a friend.

Even when the event is over the mind is prey to further anxiety, constantly turning over thoughts, images and memories of what happened, conducting the kind of post mortem that airport authorities might take part in after a ‘near miss’ on the runway. Socially anxious people tend to ruminate about aspects of their interactions with others that trouble them, as if they were narrowly averted catastrophes. They focus on something that they think they did ‘wrong’, or that did not feel quite right, or that embarrassed them, and they make assumptions about other people’s reactions, including their private and unexpressed opinions. These assumptions place the socially anxious person in a negative light, so the postmortem after even a brief, uneventful interaction can bring on a bout of self-criticism: ‘I’m hopeless – useless – too anxious to pay attention or think straight – stupid – different from everyone else – inept.’ When it comes to being hard on themselves, the resourcefulness of people who suffer from social anxiety is almost limitless.

Of course, we all sometimes do something that embarrasses or humiliates us. We all have memories of a few things that make us cringe, blush, curl up or want to hide when we think of them, and remembering these things can bring back all the dreadful feelings with which one was engulfed at the time – even if it happens at four o’clock in

the morning and no one can see the blushes. There is nothing 'abnormal' about the post mortem itself – indeed, it probably reflects the way we process other intense or distressing experiences. We usually go over such things in our minds many times before we can assimilate them, adjust accordingly and move on, leaving the distress behind. The post mortem is therefore a reflection of the suffering of social phobias; but, as we shall see below, it perpetuates the suffering rather than resolves it. The post mortems conducted by people who suffer from social anxiety are largely based on what they think happened, and not on what actually happened; on what they think other people thought of them rather than on what they actually thought. They are unnecessary because they are based on guesswork, not fact.

### **Self-esteem, self-confidence and feelings of inferiority**

Social anxiety makes you feel different from other people, in a negative way – less good than them, or odd – and so it comes to affect your self-esteem (sense of self-worth) as well as your self-confidence (belief in your ability to do things). You come to expect that people will ignore or reject you, and tend to interpret the things that they do, like the way they look at you or speak to you, as signs that they think badly of you. You feel at risk of being on the receiving end of their criticism or negative evaluation – of being found wanting in some way – as if your weaknesses or inadequacies were about to be revealed. So you may live with a constant undercurrent of fear, and with the sense that you

are lurching from one lucky escape to the next. Many socially anxious people think that others would reject them outright if they only knew what they were really like, and go to great lengths to hide their 'real selves', even though there is nothing wrong with them other than feeling anxious. Of course, this makes it hard to express an opinion or to say how they feel about something. They may also suppose that other people are never socially anxious; that they have fewer, or less socially revealing, weaknesses and inadequacies; or that they are able to go through life without feeling nervous about how others think of them. In fact it causes just as many problems to be impervious to others as it does to be too sensitive to them.

### **Demoralization and depression; frustration and resentment**

It feels frustrating to stifle parts of your personality, so not surprisingly, persistent social anxiety gets you down. It can make you feel demoralized or depressed as well as anxious or angry, and resentful that others apparently find easy so many things that for you are seriously difficult. Anxiety is by no means the only emotion associated with social anxiety.

### **Effects on performance**

The difficulty about high levels of anxiety – whatever causes them – is that they interfere with activities and with the ability to put plans into action. They make it harder for people to perform to the best of their abilities, and prevent them achieving the things that they want to achieve. A

certain amount of anxiety is helpful if you have to go for an interview, or sit an examination: it can energize and motivate you, and help to focus your mind; but more than that becomes preoccupying and makes it hard to behave as you otherwise would, or hard to do your best. So in the short term social anxiety stops people doing what they want to do, and might otherwise be capable of doing, and in the long term this can have a wide range of different effects, on careers, personal relationships, friendships, work and leisure activities.

### **Varieties of social anxiety**

Social anxiety may be limited to one main aspect of life, such as eating or speaking in public, or it may be more pervasive, and have more general effects. Some people cope reasonably well at work until they are offered the kind of promotion that would make them more 'visible', or require them to manage others. They might be unable to accept the promotion because it would involve attending meetings at which they would have to account for their department's activities or make presentations, or because they would have to attend a training course, or organize, oversee and take responsibility for the work of others. These people may refuse promotion and remain in jobs that are well below their capabilities, so that they fail to realize much of their potential.

Others are able to operate well at work, even in high-profile professional jobs or in ones that are socially demanding like being a salesperson or working in public

relations. These people have few difficulties as long as they are 'protected' by the conventions that surround them in the workplace. They feel fine in the lab, computer room or operating theatre, but may still feel at a loss in unstructured social gatherings or when their role is not clearly defined, and find it difficult to make friends – and particularly difficult to make 'small talk'. Despite considerable success at work, they may still feel lonely and isolated, and their social anxiety means that sometimes they miss out on opportunities for forming close and intimate relationships as well.

Quite a number of people suffer severely from what has been called 'dating anxiety' – a degree of which is sufficiently common to be entirely normal – and they go through such agonies when with someone they find attractive that they become unable to put themselves across, or do those things that would help them to get to know the person they feel strongly about. Others may have one or two good friends, and feel comfortable most of the time within the circle of those that they know well: when with their partners, or surrounded by their families. For them social anxiety interferes with meeting new people, moving to new places, or seeking out new ways of fulfilling themselves, and their lives can become painfully limited and restricted. Social anxiety has many faces.

### **Some misconceptions**

There are two other kinds of anxiety that might be thought to be kinds of social anxiety: performance anxiety and stage fright. In the case of performance anxiety, the factors that

make someone vulnerable are to do with wanting to be able to produce their best performance – or at least a good one – when it really matters, and to come up to the mark in their own estimation. Other people's evaluation of the performance may therefore be less important to people with performance anxiety than their own evaluation of it, and they may be absolutely certain of their technique, and of their ability to produce a performance of the standard they wish, but fearful that the pressures of the actual performance will interfere with this ability.

Stage fright is probably a version of performance anxiety, and this sudden burst of fear can be totally paralyzing when it occurs, but it is specific to people who give public performances, and may occur in those who are otherwise socially confident only when they have to perform.

A related but contrary thought is that people who are able to give public performances, and actors in particular, are not socially anxious. The assumption is that they would never be able to forget themselves sufficiently to get up in front of other people, and put themselves on display, if doing so provoked catastrophic thoughts about what other people thought of them, and aroused all the signs and symptoms of anxiety that can be so distressing. But once again the assumption appears to be wrong: many actors, and others who provide different kinds of performances in public, may still be shy or anxious in other social situations, but able to hide their anxiety, or shyness, while 'in role'. They may also intentionally adopt a role, rather as others use safety behaviors, to help them out of a potential social difficulty.

## How common is social phobia?

It is surprisingly difficult to estimate the frequency of problems such as social phobia accurately because, as will already be clear, the diagnosis is partly a matter of clinical judgment. The studies that are now available suggest that between 3 and 13 per cent of the population will suffer from sufficiently severe social anxiety to fulfil criteria for a diagnosis of social phobia at some time in their lives. The variation arises because the studies use slightly different methods and have been done at different times in different places. In most countries the problem appears to affect men and women equally often, though the precise form that it takes may differ between the sexes, partly depending on relevant cultural factors. For example, it used to be (and possibly still is) much harder for men than for women to seek help for psychological difficulties, and easier for men than for women to use alcohol to boost their social courage. Many specialists in treatment of alcohol-related problems have observed that social anxiety appears to contribute to the development of these problems. People report drinking, or using other substances, to reduce the anxiety they experience socially, and when problems with addiction resolve, the social anxiety may remain, or re-emerge. There are probably many ways of masking a problem of social anxiety, and of course the anxiety itself makes people reluctant to talk about the problem, so our present estimates of frequency may be too low.

It is interesting, for example, that 40 per cent of the adult population of America describe themselves as 'shy', even though we are not quite sure what they might mean by

this. They could be referring to normal levels of social anxiety, to a subjective impression of sensitivity in the presence of others, to their memory of the normal stage of shyness through which most children pass and to its occasional shadow in adult life, or to something else such as feeling generally unconfident. But we do know that shyness is more common than social anxiety, and the nature and effects of shyness are described in more detail in the next chapter.

### **Cultural variation**

Social anxiety is found all over the world. Undoubtedly its nature varies a bit with local customs, but people everywhere can worry about the possibility of doing something that might be embarrassing or humiliating for them. Exactly what that will be depends on where they are, whom they are with and the conventions that have grown up in that place at that time. What might be thought of as hot-headed displays of emotion are common in Mediterranean countries and relatively rare in Nordic ones, where they might be misunderstood or attract unwanted attention. Behaviors that would provoke feelings of shame in Japan might go unnoticed in America, and vice versa. For example, making too much eye contact too soon can be embarrassing in Japan, whereas for an American person not looking directly at the person to whom you are talking, especially if you have just met them, or if they are in some way important to you, might suggest that you have something to hide. The point is that there is no single set of social conventions but many

different 'socially acceptable' ways of behaving, depending on where you are. Even in the same place, these will differ depending on whether you are 18 or 80.

### KEY POINTS

- It is normal occasionally to feel socially anxious. Indeed, this seems to be a universal phenomenon.
- People for whom social anxiety causes problems suppose that other people are evaluating them negatively, and fear that they will do something in public that will be embarrassing or humiliating.
- There are four different kinds of symptoms: these affect thinking, behavior, the body, and emotions or feelings.
- Socially anxious people avoid difficult situations, try to keep themselves safe, worry about what might happen before the event and about what did happen afterwards, and may feel angry, depressed or inferior as well as anxious.
- Social anxiety can interfere with all aspects of life: professional as well as personal.
- The exact form that it takes varies from person to person, from place to place and from time to time.
- There is no need to know exactly what caused it in order to be able to change.