

### WHAT IS SOCIAL PHOBIA?

It is normal to feel nervous in situations in which we could possibly come under the scrutiny of others, whether they are strangers or people we know. For example, having to deliver a speech at a wedding, present a conference paper or host a seminar for work colleagues is likely to cause nervousness and anxiety before and during the performance.

However, for people with Social Phobia (sometimes known as Social Anxiety Disorder), being the focus of other people's attention can lead to intense anxiety. They may fear being criticised, embarrassed or humiliated, even in everyday situations. For example, the prospect of eating in front of other people in a restaurant can be daunting for people with Social Phobia.

Social Phobia can be generalised; where people fear a range of different social situations, including:

- performance situations (such as having to give a speech or being watched while doing something at work)
- situations involving social interaction (such as having a meal with friends, or making small talk).

Social Phobia can also be specific; where people fear a specific situation or a few situations related to a specific fear (such as being assertive at work or with their friends).

### SIGNS AND SYMPTOMS

Common symptoms of anxiety that can be particularly distressing for people with Social Phobia include:

- excessive perspiration
- nausea
- diarrhoea
- trembling
- blushing and stammering when trying to speak.

These symptoms often cause further anxiety as the person fears others will notice. These are perceived as being very obvious by the person, but they are usually barely noticeable to those observing them.

People with Social Phobia try to avoid situations in which they fear they may act in a way that is humiliating or embarrassing. If avoidance is not possible, they endure these situations, but can become extremely anxious and distressed.



This can have a serious negative effect on their personal relationships, professional lives and ability to go about their daily routine.

Common thoughts that people with Social Phobia have are:

*“I just know I’ll get this wrong”,*

*“I’ll look like an idiot”,*

*“They’ll realise how stupid I really am”,*

*“They can tell I’m so anxious”.*

A diagnosis of Social Phobia may be made only if the problem is disabling or distressing and when avoidance behaviour isn't attributed to a substance-use problem or a general medical condition. In people aged under 18, a diagnosis of Social Phobia may be made if they have displayed symptoms of the disorder for at least six months.

### HOW COMMON IS SOCIAL PHOBIA AND WHO EXPERIENCES IT?

Research suggests that 10 per cent of the Australian population experiences Social Phobia in a lifetime, with 4.7 per cent experiencing Social Phobia in a 12-month period. More women than men appear to develop the disorder (a ratio of about 3:2).<sup>1</sup>

<sup>1</sup> Australian Bureau of Statistics. (2008) *National Survey of Mental Health and Wellbeing: Summary of Results, 2007* (4326.0). Canberra: Australian Bureau of Statistics.

# Social Phobia

## FACT SHEET 39

### WHAT CAUSES SOCIAL PHOBIA?

**Temperament:** Social Phobia generally begins in the mid-teens and adolescents who are socially-inhibited or shy are particularly at risk. In children, clingy behaviour, shyness, crying easily and excessive timidity may indicate temperaments that could possibly put a person at risk of developing Social Phobia.

**Learned/environment:** Some people with Social Phobia attribute the development of the condition to being poorly treated, publicly embarrassed or humiliated (e.g. being bullied at school).

**Family history:** In general, anxiety disorders can run in the family. A predisposition may come from having a family history of anxiety disorders or learning an attitude or behaviour from family members.

### WHAT TREATMENTS ARE AVAILABLE FOR SOCIAL PHOBIA?

Social Phobia is treatable and seeking professional help is the first step to recovery.

A vital part of treatment is **Psycho education**. This relates to education regarding the symptoms of anxiety, why they occur and how treatment approaches may be helpful. For example, people tend to be less fearful of symptoms if they are informed of the human physiological response to fear. People react to the threat of imminent danger with an acute stress response, commonly known as the *fight-or-flight* response, during which the brain releases hormones such as adrenaline that prepare the body for action. Education regarding the symptoms of anxiety and why they occur may assist the person in becoming less fearful of the symptoms themselves. Understanding this process may assist the person in understanding the importance of breathing, relaxation and aerobic exercise. Often, **breathing and relaxation strategies** are also taught to minimise physical symptoms of anxiety and manage stress in general.

**Cognitive Behaviour Therapy (CBT)** is the most commonly used psychological therapy for people with Social Phobia.

Cognitive behaviour therapists work closely with people to develop a shared understanding of their thinking and behavioural difficulties. When treating people with Social Phobia, CBT usually includes cognitive therapy, graded exposure and social skills training.



The cognitive therapy component of CBT aims to assist people with Social Phobia to examine problematic ways of thinking and challenge these thought patterns. This includes working on the problematic thoughts and underlying beliefs about self and others.

As people with Social Phobia tend to avoid the situations that make them anxious, **graded exposure** is an important part of CBT. Therapists encourage people with Social Phobia to gradually put themselves in the situation or situations that cause anxiety in order to become increasingly more comfortable.

CBT can be conducted either in group sessions or individually, and may be delivered by trained health care professionals. Group treatment is often recommended for the treatment of Social Phobia.

### Medication

**Antidepressants** and some other medications are sometimes prescribed to treat Social Phobia in adults. Talk to your doctor for more information and see *beyondblue* Fact sheet 11 – Antidepressant medication.

**The Therapeutic Goods Administration (Australia's regulatory agency for medical drugs) and manufacturers of antidepressants do not recommend antidepressant use for depression in young people under the age of 18.** For more information see *beyondblue* Fact sheet – Antidepressants for the treatment of depression in children and adolescents.

**Benzodiazepines:** These anti-anxiety and sedative drugs are used to relieve anxiety and aid sleep. They are, however, addictive and so are only useful for a short period of time (two or three weeks) or if used intermittently. Benzodiazepines can be difficult to stop taking, and if a person has become dependent, withdrawal symptoms may be quite severe. A common withdrawal symptom is high anxiety, which can paradoxically worsen the problem and make it difficult to assess whether current anxiety is related to the Social Phobia or a result of long-term use of the Benzodiazepines. See [www.reconnexion.org.au](http://www.reconnexion.org.au) for more information and talk to your doctor.

If you decide that you wish to stop taking your medication, it is crucial that you discuss this with a health professional before taking any action.

## HELPING YOURSELF TO RECOVER FROM SOCIAL PHOBIA

Once a person with Social Phobia is receiving treatment, the process of recovery can be different for each individual. Recovery can involve both ups and downs, some days are easier than others. For more information see ***beyondblue* Fact sheet 15 – Recovery.**

The following tips may help:

- Talk to your doctor about a referral to a mental health professional who specialises in treating Social Phobia.
- Notice the thought patterns that contribute to your anxiety. See if you can challenge the unhelpful thoughts by looking for the evidence. This can be more difficult than it sounds, so it is also recommended that you discuss this with your treating health care professional so you can be supported in this process.
- Set yourself some realistic and small goals to help you manage stress better. For example, walk three times a week, join a yoga class and eat regular meals.
- Remember avoidance spreads; it seems that when a person begins to avoid one situation, it's more likely that they'll avoid others. Try instead, to face situations step-by-step. Face your fears. Set realistic goals that are directed toward things you want to achieve.



- Learn and practise anxiety management techniques, such as breathing and relaxation techniques. If practised regularly, breathing and relaxation techniques can help reduce anxiety and stress in general. For more information on relaxation techniques, see ***beyondblue* Fact sheet 6 – Reducing stress.**
- Establish a routine: allow time to work, but also make time to relax, do things you enjoy and spend time with family and friends. For more information see ***beyondblue* Fact Sheet 8 – Keeping active** and **Fact sheet 15 – Recovery.**
- Maintain a healthy lifestyle. To reduce anxiety, get regular exercise, have adequate sleep, eat a balanced diet, and limit your intake of alcohol and other stimulants, such as caffeine. For more information, see ***beyondblue* Fact Sheet 7 – Sleeping well, Fact sheet 8 – Keeping active, Fact sheet 9 – Reducing alcohol and other drugs** and **Fact sheet 30 – Healthy eating for people with depression, anxiety and related disorders.**



## HOW TO HELP SOMEONE RECOVER FROM SOCIAL PHOBIA

Family and friends can play an important role in helping a person with Social Phobia to recover. There are also ways in which you can help yourself to cope with caring for a person with Social Phobia.

- The more you know about the condition, the more help you will be.
- Acknowledge that the person has an anxiety disorder and is not just 'being difficult'; the anxiety is a very real and distressing experience.
- Encourage the person to seek professional help by letting him/her know what services are available and offer to accompany him/her when he/she visits the health professional.
- Don't involve yourself in the person's avoidance of objects or situations that make him/her anxious. Instead, encourage the person to face his/her fears step-by-step.
- If appropriate, offer practical support, such as being with the person when he/she faces his/her fear – if that is what the person wants.
- Encourage the person to challenge unrealistic or anxious thoughts.
- Acknowledge any gains the person makes, no matter how small.
- Work with the person to re-establish (slowly) a daily routine that includes enjoyable and/or relaxing activities.
- Encourage the person to maintain a healthy lifestyle and participate in social activities.
- Don't expect too much too soon; recovery can take a while and there may be some ups and downs.
- Find emotional support for *yourself* – dealing with and caring for a person with Social Phobia can be difficult at times. You may need support too. This may involve attending a support group; individual, couple or family counselling; or educational sessions. For more information see *beyondblue's* free booklet **A Guide for Carers** available from the website or call 1300 22 4636 (local call cost).

## WHERE TO FIND HELP

**A General Practitioner (GP)** is a good person with whom to discuss your concerns in the first instance. A GP can conduct and arrange for any necessary medical tests and make a referral to a mental health professional who specialises in treating Social Phobia. It is recommended that you go to your regular GP or another GP in the same clinic, as they have access to your medical records. However, if you don't have a regular GP or clinic, a list of GPs with expertise in treating mental health problems is available at [www.beyondblue.org.au](http://www.beyondblue.org.au) by clicking on Find a Doctor or Other Mental Health Practitioner or call the *beyondblue* info line on 1300 22 4636 (local call cost).

**Psychiatrists** are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Psychiatrists also use psychological treatments such as Cognitive Behaviour Therapy (CBT) and Interpersonal Therapy (IPT). IPT is a structured program with a specific focus on improving relationships.

**Psychologists, mental health nurses, social workers and occupational therapists with mental health training** specialise in providing non-medical (psychological) treatment for depression, anxiety and related disorders.

A rebate can be claimed through Medicare for psychological treatments if the person has a mental health problem and is referred by a GP, psychiatrist or paediatrician to a psychiatrist, registered psychologist, mental health nurse, social worker or occupational therapist in mental health. This rebate can be claimed for part of the cost of up to 12 individual consultations and 12 group sessions in a calendar year. To find a list of health professionals who provide psychological treatment for which a Medicare rebate can be claimed go to [www.beyondblue.org.au](http://www.beyondblue.org.au) and click on Find a Doctor or other Mental Health Practitioner or call the *beyondblue* info line on 1300 22 4636 (local call cost).

## MORE INFORMATION

### ***beyondblue: the national depression initiative***

To find out more about depression, anxiety and related disorders call the ***beyondblue* info line: 1300 22 4636 (local call cost)** or visit the website **[www.beyondblue.org.au](http://www.beyondblue.org.au)**

### **Youthbeyondblue**

**[www.youthbeyondblue.com](http://www.youthbeyondblue.com)**

*beyondblue*'s website for young people – information about depression and anxiety and how to help a friend

### **Lifeline**

**13 11 14**

24-hour counselling, information and referral (local call cost)

### **MensLine Australia**

**1300 78 99 78**

Support for men, especially those with family and relationship problems

### **Suicide Call Back Service**

**1300 659 467**

Free telephone support for those at risk of suicide, their carers and those bereaved by suicide

### **Relationships Australia**

**1300 364 277**

**[www.relationships.com.au](http://www.relationships.com.au)**

Support for people with relationship problems

### **Reconnexion**

**1300 273 266**

**[www.reconnexion.org.au](http://www.reconnexion.org.au)**

Psychology services for people experiencing anxiety and depression and tranquilliser dependency. Reconnexion offer group and individual treatment for a range of anxiety and depressive disorders, including Social Phobia.

### **Anxiety Online**

**[www.anxietyonline.org.au](http://www.anxietyonline.org.au)**

Information and 'virtual' treatment clinic for people with anxiety disorders

### **Shyness and Social Anxiety Treatment Australia**

**(03) 9819 3671**

**[www.socialanxietyassist.com.au](http://www.socialanxietyassist.com.au)**

Information about social anxiety and treatment options

### **Anxiety Recovery Centre Victoria**

**[www.arcvic.com.au](http://www.arcvic.com.au)**

Information about anxiety disorders, their management and links to other services

### **Virtual Clinic**

**[www.virtualclinic.org.au](http://www.virtualclinic.org.au)**

Internet-based education and treatment programs for people with anxiety and depression

### **CRUFAD Clinical Research Unit for Anxiety and Depression**

**[www.crufad.org](http://www.crufad.org)**

Information about anxiety and its management

### **E-Couch**

**[www.ecouch.anu.edu.au](http://www.ecouch.anu.edu.au)**

Evidence-based information about emotional problems (including anxiety) and strategies to help you prevent problems and understand yourself better

### **headspace: National Youth Mental Health Foundation**

**[www.headspace.org.au](http://www.headspace.org.au)**

Mental health information for young people

### **MoodGYM**

**[www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)**

Online psychological therapy

### **Multicultural Mental Health Australia**

**(02) 9840 3333**

**[www.mmha.org.au](http://www.mmha.org.au)**

Provides mental health support for Australians from culturally diverse backgrounds

### STATE-SPECIFIC SERVICES

#### ACT

##### **Mental Health Foundation**

(02) 6282 6658

[www.mhf.org.au](http://www.mhf.org.au)

Information about anxiety, depression, schizophrenia and bipolar disorder in the Australian Capital Territory

#### New South Wales

##### **Mental Health Association (NSW)**

1300 794 992

[www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

#### Northern Territory

##### **Top End Association for Mental Health**

1300 780 081

[www.teamhealth.asn.au](http://www.teamhealth.asn.au)

#### Queensland

##### **Panic Anxiety Disorder Association QLD**

(07) 3353 4851

[www.anxiety.websyte.com.au](http://www.anxiety.websyte.com.au)

#### South Australia

##### **ACEDA – panic and Anxiety, obsessive Compulsive and Eating Disorders Association**

(08) 8297 4011

[www.aceda.org.au](http://www.aceda.org.au)

#### Tasmania

##### **Mental Health Council of Tasmania**

(03) 6224 9222 / 1800 808 890

[www.mhct.org](http://www.mhct.org)

#### Victoria

##### **ADAVIC (The Anxiety Disorders Association of Victoria)**

[www.adavic.org.au](http://www.adavic.org.au)

Information about Panic Disorder, Social Phobia, Agoraphobia, Generalised Anxiety Disorder, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, depression and support services



#### Western Australia

##### **Anxiety Self Help Association**

(08) 9346 7262

[www.cnswa.com/asha/](http://www.cnswa.com/asha/)

#### **Other *beyondblue* anxiety information material available:**

*beyondblue* Fact sheet 21 – Anxiety Disorders

*beyondblue* Fact sheet 31 – Post-Traumatic Stress Disorder

*beyondblue* Fact sheet 35 – Generalised Anxiety Disorder

*beyondblue* Fact sheet 36 – Panic Disorder

*beyondblue* Fact sheet 37 – Obsessive Compulsive Disorder

*beyondblue* Fact sheet 38 – Specific Phobias

*beyondblue* wallet-size information card – Anxiety Disorders

*beyondblue* envelope-size information card – Anxiety Disorders

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