



Social Anxiety Disorder

What Is Social Anxiety Disorder?

This disorder is also known as social phobia. Social anxiety disorder is a common anxiety disorder that affects about 7 to 14 percent of people at some time during their lives. People with this disorder are intensely anxious about some or all of the social interactions and public events of everyday life. They understand that their fears are excessive, but nevertheless are unable to overcome their anxiety around other people. Everyday events like making a phone call, purchasing items at a store, attending a meeting or party, or speaking to others can be extremely difficult and stressful. People with this disorder are constantly worried that others are watching them or judging them negatively. They often avoid social situations and only feel comfortable at home either alone or with family members. Unfortunately, they may also feel lonely because they want contact with others, even though it makes them feel anxious.

What Social Anxiety Disorder Is Not

Having social anxiety disorder is not the same as being an introvert—a person who simply prefers to spend time alone rather than with others. Nor is it the same as performance anxiety or stage fright, which are temporary symptoms related to specific situations such as giving a speech, playing a musical instrument, or acting in a play (although such problems can be debilitating for musicians, actors, and others whose livelihoods depend on performance). And, although some people in recovery may feel socially detached and isolated, those feelings do not constitute an anxiety disorder. After months or years of using drugs or alcohol to artificially facilitate their social lives, some people may find it awkward to get back into social situations and relationships now that they are in recovery. These problems are associated with the consequences of addiction; they do not indicate social anxiety disorder.

What Are the Primary Symptoms of Social Anxiety Disorder?

Symptoms of social anxiety disorder include

- intense anxiety in social situations and consequent avoidance of them
- excessive fear of being scrutinized or negatively judged by others
- physical symptoms of anxiety, including confusion, pounding heart, sweating, shaking, blushing, muscle tension, upset stomach, and diarrhea

Common anxiety-producing situations for people with this disorder include

- eating or drinking (any beverage) in front of others
- writing or working in front of others
- being the center of attention
- interacting with other people, including dating or going to parties
- asking questions or giving reports in groups
- using public toilets
- talking on the telephone

What Is the Cause of Social Anxiety Disorder?

There is no single known cause of social anxiety disorder, but it is believed that biological, physical, and environmental factors play a significant role.

What Are the Usual Treatments for Social Anxiety Disorder?

Effective treatments include cognitive-behavioral therapy (CBT), medications, or both. CBT works by helping people identify and replace negative thoughts and behaviors with more positive and useful ones. Emphasis is placed on developing new coping skills, reducing avoidance of social situations, and learning to modify negative thoughts and feelings about social interactions.

The most effective medications for this disorder are antidepressants.* Benzodiazepines are sometimes prescribed, but they are less effective for treating the disorder. Beta-blockers, often used to treat heart conditions, may also be used to minimize certain physical symptoms of anxiety, such as rapid heartbeat and shaking.**

Research has shown that gains made in CBT are lasting, even after the therapy sessions have ended: typically, the person is less anxious in social situations, and thus avoids them less. However, the gains made with medications revert to near baseline if the medication is discontinued. Sometimes CBT and medications are combined.

How Does the Use of Alcohol and Other Drugs Affect Social Anxiety Disorder?

Many people use drugs or alcohol to reduce the symptoms of anxiety in social situations. Although these substances often provide short-term relief from anxiety, they often worsen

* More information on antidepressants can be found in Handout 1, Antidepressant Medications.

** More information on benzodiazepines and beta-blockers can be found in Handout 4, Antianxiety and Sedative Medications.

it in the long run. In addition, using substances to deal with anxiety can impede people from developing better coping skills and may lead to addiction.

The benzodiazepine medications sometimes prescribed for this disorder are themselves addictive. This can compound the challenges of recovering from co-occurring social anxiety and substance use disorders. For a person with a vulnerability to an alcohol or drug addiction, the best choice may be CBT, an antidepressant medication, or both.

How Does Social Anxiety Disorder Affect Addiction Treatment and Recovery?

For people with both social anxiety disorder and addiction, one major problem is that their fear of social situations may prevent them from seeking professional help. People may feel anxious about entering into a professional relationship and exposing themselves to the scrutiny of other people. They may also have mistaken ideas about addiction treatment programs, such as negative stereotypes from popular media and film. The prospect of group therapy or an AA meeting in a crowded, poorly lit church basement can be terrifying to a person who is anxious about groups of strangers. But these safe places, once entered, can be highly therapeutic, and the “strangers” quickly become allies.

And, as with other anxiety disorders, once the person stops using drugs or alcohol, the anxiety symptoms may reappear and even worsen, possibly increasing the risk of relapse. Addiction treatment will help with management of these symptoms, but the person may become impatient with his or her progress or feel anxious, tempting him or her to return to substance use.

Moreover, benzodiazepine medications have addictive potential. Although these medications are frequently prescribed for social anxiety disorder, they are less effective than antidepressants. If a benzodiazepine has already been prescribed, a switch to an antidepressant may be in order.

CBT, a non-medication-based solution, is one of the best treatments for social anxiety disorder for a person with addiction. Furthermore, in studies of people with this disorder, the benefits of CBT are shown to be more lasting, surpassing those of medications beyond the end of treatment.

Treatment for Co-occurring Social Anxiety and Substance Use Disorders

For a person with a co-occurring substance use and social anxiety disorder, it is important to get treatment for both disorders. Trying to deal with the substance use disorder

without addressing the social anxiety can place the person at risk for relapse. On the other hand, addressing the social anxiety disorder—through medication or CBT—while the person is still actively using substances is less effective. The best treatment is integrated: that is, it focuses on both disorders at the same time. For a person in an addiction treatment program where group therapy is the main modality, all health care providers should understand how the social anxiety disorder might affect the person’s participation and contribution. Likewise, if peer support group meetings in the community are recommended (AA meetings, for example), it will be imperative for the social anxiety disorder to be addressed, either with CBT or medication.

As noted previously, benzodiazepines are potentially addictive themselves, and antidepressants are a more effective medication for social anxiety disorder. In general, antidepressants may be a better choice for social anxiety disorder. As a non-pharmaceutical option, CBT is the most conservative, effective, and durable approach for developing more confidence in social situations. People with social anxiety disorder can ultimately benefit from attending peer support groups, and also can benefit from connecting with others who have these co-occurring disorders and are in recovery.

Resources

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