



Social Anxiety

Instructor Manual

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This instructor resource is designed to help facilitate the teaching of a lesson about the Noba module on Social Anxiety. The module discusses important theoretical components of social anxiety disorder, providing students the opportunity for insight into how the mental processes of someone with SAD differs from those during the experience of normal social anxiety. The instructor manual includes suggestions on structuring a two-period lesson for this module, including extensive hands-on activities to encourage critical thinking. PowerPoint slides for the lecture are also available on the Noba website.

Learning Objectives

Content Specific Learning Objectives

- Distinguish social anxiety from social anxiety disorder.
- Identify commonly feared social situations.
- Know the prevalence and treatment rates of social anxiety disorder.
- Understand how social anxiety influences thoughts, feelings, and behaviors.
- Identify effective treatments for social anxiety disorder.

Relevant APA Learning Objectives (Version 2.0)

- Describe key concepts, principles, and overarching themes in psychology (1.1)
- Describe applications of psychology (1.3)

- Use scientific reasoning to interpret psychological phenomena (2.1)
- Build and enhance interpersonal relationships (3.2)
- Adopt values that build community at local, national, and global levels (3.3)

Abstract

Social anxiety occurs when we are overly concerned about being humiliated, embarrassed, evaluated, or rejected by others in social situations. Everyone experiences social anxiety some of the time, but for a minority of people, the frequency and intensity of social anxiety is intense enough to interfere with meaningful activities (e.g., relationships, academics, career aspirations). When a person's level of social anxiety is excessive, social interactions are either dreaded or avoided, social cues and emotions are difficult to understand, and positive thoughts and emotions are rare, then that person may be diagnosed with social anxiety disorder (or social phobia). There are effective treatments—with both medications and psychotherapy—for this problem. Unfortunately, only a small proportion of people with social anxiety disorder actually seek treatment.

Class Design Recommendations

This topic may be taught in one long class period (75-90 minutes) or two short class periods (50-60 minutes each). It is preferable to teach this as a 2-class-period lesson in order to accommodate the in-class activities suggested. These activities allow students the opportunity to think more critically about the information in the module and to consider implications of the information in real-world scenarios. Class period 1 should focus on defining social anxiety disorder and safety behaviors (plus the in-class safety behaviors activity). Class period 2 should focus on understanding the components of social anxiety and having students examine case studies of SAD.

- Introduction
- Social Anxiety
- Fear of Evaluation
 - Fear of Negative Evaluation
 - Fear of Positive Evaluation

- Biased Attention and Interpretation
- Deficient Positive Experiences
- Problematic Emotion Regulation
 - Emotion Regulation
 - Safety Behaviors
 - Ego Depletion
- Treatments
 - Cognitive Behavioral Therapy
 - Exposure
 - Pharmacotherapy
 - Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)
- Conclusions

Module Outline

- Introduction: The introduction begins with a great example of how someone feels when suffering from social anxiety disorder. Then, this section provides the definition of social anxiety and a description of the difference between normal and abnormal levels of social anxiety.
- Social anxiety is the *excessive* concern about being in social situations where scrutiny is likely. When a person worries to this extent psychologically, there are often-times physical signs and symptoms as well, such as blushing, sweating, and difficulty with conversation.
 - Social anxiety, to a certain extent, is also a normal function. It helps to tell us about what is required of us in a given situation and help us perform well in important contexts.

Generally, people feel the most anxiety just before the situation and then their anxiety decreases over time. For someone with a social anxiety disorder, they tend to experience more anxiety across a more diverse set of situations and their anxiety does not dissipate as quickly.

- Social Anxiety Disorder: According to the DSM-V, Social Anxiety Disorder (or SAD), is diagnosed when a person suffers debilitating anxiety across a multitude of social situations for at least six months.
 - Some key statistics regarding SAD:
- Fear of Evaluation: According to the self-presentation theory, social anxiety results when we want to make a good impression on someone but we doubt our ability to do so. Unfortunately, people with SAD tend to see themselves in a more negative light than most people and their excessive worry about how they present themselves to others begins to disrupt their social functioning.
 - It seems like common sense that people who have social anxiety and think poorly of their own social skills are fearful of negative evaluations. This conclusion is supported by research. More interestingly, however, and unique to SAD (compared to other disorders like depression), people fear *positive* evaluation. In other words, they dread public praise or success. There are several explanations as to why this may be. Firstly, public praise may set the stage for higher expectations in future situations. This makes future social situations even more risky than before. Another possible explanation is that proposed by evolutionary theory. Evolutionary theory says that social anxiety helps maintain social hierarchies. Praise or success can lead to conflict between ourselves and someone higher on the social ladder, so anxiety manifests in a way as to reduce the potential for conflict.
- Biased Attention and Interpretation: People with SAD also engage in several cognitive processes which, unfortunately, serve to reinforce their fears. Namely, SAD sufferers tend to pay special attention to negative social cues/reactions and are inattentive to positive ones. There are several research findings that support this, including:

- Faster at detecting angry faces in a crowd (Gilboa-Schechtman, Foa, & Amir, 1999)
 - Failure to notice happy, or smiling, faces in a crowd
 - Tendency not to pick up on subtle cues that someone wants to spend more time with them (Taylor, Bomyea, & Amir, 2010)
 - Complete sentences regarding social situations with more negative, self-directed endings (versus more neutral, non-personal ones; Amir, Beard, & Bower, 2005)
- Deficient Positive Experiences: Unfortunately, avoidance of social situations leads to a lack of positive experiences in relationships. Since research shows that these relationships are critical to overall life satisfaction, people with SAD are at a distinct disadvantage. Research shows that SAD sufferers report less intimacy and less intense positive emotions than people without social anxiety (Kashdan & Collins, 2010). In addition, when spending time with friends and family, people with SAD report less frequent positive emotions (Brown, Silvia, Myin-Germeys, & Kwapil, 2007). Even in sexual encounters, people with SAD report less intimacy and less intense pleasure compared to people without SAD (Kashdan, Adams, et al., 2011).
 - Problematic Emotion Regulation: It may be possible that people with SAD are unable to derive pleasure from social interactions because they are unable to appropriately regulate their emotions.
 - Emotion regulation is defined as how people recognize, interpret, experience, and attempt to alter their emotional states. Rather than spending time (and enjoying time) with others, people with SAD spend an overwhelming amount of time preparing for (or worse, avoiding) these interactions. These preparatory or avoidant behaviors are known as safety behaviors. Examples of safety behaviors include:
 - Rehearsing what to say in conversation
 - Asking questions of others to deflect attention from themselves
 - Holding food or drink to have an excuse to pause before speaking
 - Because of these excessive, self-focused behaviors, people with SAD are less mindful in social situations which can ultimately lead to others' poorer perception of the person.
 - In terms of their own experience of emotion, SAD sufferers are more engaged in emotion suppression rather than more effective strategies. Furthermore, people with SAD

experience intense fear of positive emotions and so seek to avoid these types of feelings as well. Ultimately, this means that SAD sufferers are distinguished, not by anxiety, but by their extreme effort to avoid anxiety and suppression of positive emotions.

- The idea of poorer emotion regulation is supported by the concept of ego depletion, which says that people have limited cognitive resources for self-control. Once these resources are depleted or exhausted, our decision-making ability is impaired. Instead of pursuing more meaningful, long-term goals (like satisfying interpersonal relationships), someone with SAD who has used all their resources for emotion suppression, will only have the capacity left to pursue immediate goals (such as avoiding or escaping a social situation for immediate relief). Overall, the result is that these strategies work to maintain fear associated with social interactions.
- Treatments: There are currently two "gold standards" for the treatment of SAD.
 - Cognitive Behavioral Therapy (CBT)
 - The goal of CBT is to help people with SAD learn to think, behave, and feel differently so that they can feel more comfortable in social situations and improve their quality of life
 - Exposure Therapy: where clients repeatedly confront their feared situations without the use of safety behaviors, starting with situations that are only slightly anxiety provoking (e.g., imagining a conversation with an attractive stranger) and gradually working their way up to more frightening situations (e.g., starting conversations with trained actors during therapy sections).
- Pharmacotherapy: The goal of pharmacotherapy is to use medication to reduce people's anxiety to a manageable level so they can better enjoy social situations and achieve a higher quality of life.
 - SSRIs and SNRIs (selective serotonin/norepinephrine reuptake inhibitors)
 - Modify the effects of neurotransmitters in the amygdala – the part of the brain which coordinates our fear responses
- Combination therapy is best
 - Behavioral techniques are most effective when medication is used to dampen the anxiety/fear response to exposure scenarios

- Reduces symptoms in about 60% of sufferers
- Treatments still insufficient since most people with SAD suffer relapse once treatment has ended
- Conclusions: As a reminder, social anxiety disorder is most differentiated from normal social anxiety not by the presence or intensity of the anxiety but rather by the safety behaviors engaged in in order to avoid or escape the anxiety-provoking situation. Engaging in these behaviors has long-term, negative consequences on social relationships and, ultimately, quality of life.

Difficult Terms

Amygdala

Attention biases

Cognitive Behavioral Therapy

Ego depletion

Emotion regulation

Exposure treatment

Fear of negative evaluation

Fear of positive evaluation

Pharmacotherapy

Safety behaviors

Selective serotonin re-uptake inhibitors (SSRIs)

Serotonin norepinephrine reuptake inhibitors (SNRIs)

Lecture Frameworks

Overview: During the first class period, we should teach students about social anxiety, how to define it, and differentiate normal anxiety from social anxiety disorder. To have students try to put themselves in the mindset of someone with SAD, we are going to go more in-depth about safety behaviors – actions that people with SAD engage in to avoid situations they are afraid of. Use the Safety Behavior activity at the end of this class period to check student

understanding.

First Class Period:

- **Warm Up Activity:**The purpose of this activity is to engage students in reflection about their own levels of anxiety regarding different types of events. A full description of the activity can be found in the Activities/Demonstrations section.
- **Direct Instruction of What Social Anxiety Is.**The purpose of this is to illustrate the different situations in which one might experience social anxiety. This provides a platform for defining social anxiety, discussing its normality, and introducing social anxiety disorder (SAD).
- **Direct Instruction of How Social Anxiety is Different from Social Disorder.**The purpose of this is to emphasize how the behavior is not considered a disorder until it begins to interfere with daily functioning.
- **Direct Instruction of Safety Behaviors:**The purpose of this direct instruction is to define safety behaviors and discuss their potential impact on behavior. This is a set-up or lead-in to the activity outlined in the Activities/Demonstrations section. The outline below is information about safety behaviors above and beyond what is offered in the textbook.
 - Safety behaviors are actions carried out with the intention of preventing a feared catastrophe. In the short-term they often give a sense of relief, but in the long-term they are unhelpful because they prevent the disconfirmation of the beliefs that are maintaining anxiety.
 - **Types of threats/catastrophes:**Catastrophes can vary enormously, but tend to be about different kinds of threats to the individual, for example:
 - Physical threat - "I'll be killed", "I'll be hurt"
 - Psychological threat - "I'll go mad", "I can't cope"
 - Social threat - "I'll embarrass myself and never be able to show my face again", "They will think I'm an idiot"
- **Types of safety behaviors**
 - Avoidance - e.g. not going to a feared situation
 - Escape - e.g. leaving a feared situation

- Subtle avoidance, which can include things we do in our minds - e.g.
 - distraction - counting in my head during a panic to stop myself from going mad
 - calming my breathing - otherwise I'll be overwhelmed by my fear and lose control
 - averting my eyes - in case someone picks on me and I'm humiliated
- **Effects of safety behaviors**
 - **Short term:** In the short term safety behaviors lead to a reduction in anxiety. Any form of escape or avoidance is often accompanied by a powerful feeling of relief. Relief is powerful negative reinforcer, and once an individual has learned that a safety behavior leads to relief they are likely to use it again.
 - **Long term:** In the longer term, safety behaviors act to maintain anxiety by preventing the disconfirmation of unhelpful beliefs.
 - For example, if someone has the belief "dogs will attack me and bite my face" and avoids dogs, they don't get the opportunity to learn that most dogs are friendly, or fail to learn the difference between friendly and unfriendly dogs.
- **Unintended consequences:** Safety behaviors often have unintended consequences which can reinforce the original belief, make the anxiety worse, or lead to other problems.
- **Safety Behaviors Activity (30 minutes):** The purpose of this activity is for students to review the different types of safety behaviors and apply them to real-world scenarios in order to better understand the way they are used maladaptively in social anxiety disorder. This also helps to highlight the differences between social anxiety and social anxiety disorder. See more detailed instructions in the Activities/Demonstrations section.
- **Classroom Assessment Activity (CAT):** This CAT is called "directed paraphrasing". The purpose of this CAT is to help students review the safety behavior information. This is essential since this lecture information is not available in the textbook or the hand-out. In this activity, the students will be asked to explain, in simple terms, about safety behaviors to someone who was not in class (e.g., their mom/dad). See the Activities/Demonstrations section for detailed instructions.

Second Class Period:

The second class period will begin with review of the prior class' CAT. This serves as a warm-up activity for the day. Additionally, this class period will focus on discussion of social anxiety disorder and application of diagnostic criteria to case studies.

- **Revisit CAT (5-10 minutes):**After handing back the index cards, ask for students to volunteer to read their responses. After each student, point out the well-paraphrased answers as well as any part of an answer which may not be accurate. Do this for 2-3 students.
- **Facts About SAD:**This slide is intended to be direct instruction of some statistics related to SAD. This helps re-orient the students to the disorder so you can remind them of the major components of SAD that they read about in the module.
- **Diagnosing SAD Activity:**This activity is designed to give students the opportunity to identify behaviors associated with SAD and distinguish them from "normal" behaviors.

Activities & Demonstrations

Warmup Activity: The purpose of this activity is to engage students in reflection about their own levels of anxiety regarding different types of events. This activity is used as a jumping-off point to define social anxiety and to point out that such anxiety is normal in our everyday lives.

- Time: 10 minutes
- Materials: PowerPoint Slides 3-5
- Directions:
 - Read the instructions on the warm-up activity slide to the students.
 - Allow them 1-2 minutes to prepare their answer sheet.
 - Present the scenario on slide 4. You may allow students to read this silently or you could read it out loud to them.
 - Ask students to respond to the questions on Slide 5 by writing down their answers on their prepared sheets.
 - Then, read each question aloud and ask them to raise their hands if they answered 3 or 4 (for the positively valenced items (1, 4, & 5).
 - Encourage students to take note of how many people feel comfortable with this

scenario (hands raised) versus uncomfortable (hands down).

- Then, for each negatively valenced question, have students raise their hands if they answered 1 or 2 (items 2, 3, & 6).
 - Again, encourage students to take note of their own and their peers' responses.

Safety Behaviors in SAD Activity: This activity is adapted from http://media.psychology.tools/worksheets/english_u... This is an in-class activity where students review the different types of safety behaviors and apply them to real-world scenarios in order to better understand the way they are used maladaptively in social anxiety disorder.

- **Time:** 30 minutes
- **Materials:** See Appendix B for the Instructor and Student Charts used in this activity.
- **Directions:** After reviewing safety behaviors during lecture in class (see lecture information), give the students the handout which provides a couple of scenarios for them to apply the information they've learned. Go over the first example with them, then allow them time (in groups or alone) to fill in the rest of the chart. Review the completed chart together as a class.

Diagnosing SAD Activity: In this activity, students read through case studies of people suffering from SAD and identify critical components of the disorder.

- **Time:** 30-45 minutes
- **Materials:** See Appendix A for the three case studies to be used in this activity.
- **Directions:** Students should answer the following questions about each case study they read. They can work individually or in groups.
 - Does this person show a fear of multiple social situations? If so, what types of situations are they afraid of?
 - In what ways does the person's fear disrupt their daily living?
 - Does the person recognize that their fear or anxiety is excessive?
 - What safety behaviors does this person engage in to avoid or deal with social situations?
 - How do these safety behaviors reinforce the person's fear?

CAT-Directed Paraphrasing: The purpose of this activity is to have students reflect on what they learned during the first class period. The activity gives the students a chance to review and gives the instructor the opportunity to identify gaps in student learning. Lastly, this activity can then be used as a warm-up activity the following class period.

- Time: 5 minutes
- Materials: Lined index cards
- Directions: Provide each student with a blank index card. They should write their name on one side of the card. Then tell students:
 - “Today in class we discussed different types of safety behaviors, and how and why they are used by people suffering from social anxiety disorder. Now, imagine your mom or dad has asked you to explain what you learned in class today. Write down, in your own words, an easy-to-understand explanation for your mom about safety behaviors.”
 - Collect the index cards from students on their way out of class. You can read through these before the next class period as a way to see how well the students understood the information about safety behaviors.
 - You will hand the cards back at the beginning of the next class period and set aside a few minutes to have students share their answers. You can add to or correct their responses in order to clear up any misunderstandings they may have.

Appendix A: Case Studies for the Diagnosing SAD Activity

Case 1: John the Sales Assistant

John is the sales assistant in a well-known record shop. He is 28-years old and lives alone. John describes his childhood as happy and fairly extroverted. He was completely at ease with his classmates and had no problems in making friends. However, during his final year in school he began to feel uneasy in small social groups. These situations caused him to blush and perspire intensely. Girls terrified him and the fear of rejection prevented him from asking anyone out on a date.

He soon began to avoid group activities and parties, preferring to stay in his bedroom listening to records. John managed to gain enough qualifications to enter university but once there he found the social side of university life intimidating. He dropped out before the end of his first

year. At 20, John found his present job in the record shop. He is good at his work and has no problems dealing with the customers. "Music is my passion. I know I can answer all the customer's questions and I feel totally in control".

Dealing with his work colleagues and superiors is far more difficult.

"I feel awkward and never know what to say to them".

"I avoid my boss as much as possible. She seems so strong and self-confident and I always end up blushing when I speak to her. It's really embarrassing."

On several occasions John has refused opportunities for promotion because it would mean having contact with suppliers and supervising other sales assistants. "I'm also afraid of the responsibility because it means I'm more likely to be criticized. I can't stand criticism."

John has a few close male friends but has never had a girlfriend. On the few occasions when he forces himself to accept invitations to dinners and parties he cannot cope. "It's always a disaster. I start blushing uncontrollably and sweat just pours off me. I often have to leave in the middle of a meal because I think everyone is looking at me, watching me blush and sweat. They must think I'm a bit strange."

John eventually consults his family doctor.

Case 2: Mary, the Trembler

Mary, a 35-year-old secretary, has suffered a tremor in her hands for more than 20 years. She remembers first experiencing the problem when she helped out as a child in her parent's small rural restaurant.

"There were a lot of young farm laborers who are there, and they would often tease and make jokes about me as I served the dishes."

Mary's parents had moved to the rural district after suffering financial problems and there were frequent rows between father and mother over money. "I often felt ashamed of my parents and would cry a lot because my family was poor."

Mary's characterized herself as introverted and shy. "For as long as I can remember I have never been able to assert myself." She has always avoided eating and drinking in the company

of others and is also unable to talk in front of strangers. She knows that her fear is exaggerated and unreasonable.

After finishing high school Mary trained to be a waitress which she thought might help her to overcome her tremor. While she was training, she met a 29-year-old economist who, compared to her, was very self-confident. However, this boyfriend was over-sensitive to noise. They never went out to restaurants, because she trembled and he was annoyed by the noise. They traveled a lot together but lived on tinned food in order to avoid restaurants. This relationship lasted for 11 years, during which time she studied languages and obtained a job as a secretary in a large company where she worked to the satisfaction of her boss. However, she never went to the cafeteria for lunch because she wanted to avoid the company of other people there.

Because of her good record, Mary was promoted in her company and had to attend social events, which she found unbearable. At one of these events she had a breakdown. This led her to seek medical help and she was then referred to Psychiatry. On examination it turned out that Mary's tremor was only manifesting itself in the presence of other people when she had the impression of being under these people's scrutiny. Apart from a slightly depressed mood, she didn't present any psychopathological abnormalities during the psychiatric interview.

Case 3: Tom the Plumber

Tom, a 20-year-old plumber, has extreme difficulties in communicating with other people. Whenever he has to speak in public or before other people he can only do so in a very low voice. He also finds himself sweating and suffering increased muscle tension, especially in the neck. This is extremely painful in the French evening classes he attends, where he always tries to sit in the first row so that he can speak in a low voice when asked by the teacher.

Tom has avoided speaking before other people for as long as he can remember. Even among his own family he was a shy young boy. He had few friends as a child and tended to avoid situations where he was together with other people. But despite being socially handicapped, he finished school and trained as a plumber, achieving excellent results.

Once he began work however; his communication problems really came to the fore.

"I can never say "no" to other people's demands. I often feel exploited at work because of this and I'm sure my colleagues are laughing at me."

Over the past two years Tom as learned to endure his problems at work and at leisure by using alcohol to overcome his anxiety. He has already lost his driving license twice, due to drunken driving. His social life largely revolves around the disco and the pub, where he habitually gets drunk at weekends.

“Socially I prefer going to the disco, as the loud music means I never really need to talk to anyone. I don’t think my friends have ever realized I’ve got a problem.”

Several weeks ago Tom started a relationship with a new girlfriend. At first he tried to cover up his problems. Finally, he told her about his “speech problem”. The girlfriend had seen this type of behavior and she persuaded Tom to seek psychiatric help. Eventually Tom consults the Behavior Therapy Unit at an Academic Psychiatric Department.

Appendix B: Instructor and Student Charts for the Safety Behaviors in SAD Activity

Instructor Chart – Use this chart for yourself as a guide

Early Experience	Belief	Safety Behavior	Consequences		
			Short-Term	Long-Term	Unintended
Many experiences of unwanted attention by men, and an experience of sexual assault	The attacks were my fault, if I don't look conventionally attractive then I won't get attacked again	Overeat, pay less attention to my appearance	Feels good to be acting in accordance with my beliefs – feel a bit safer at times	No opportunities to learn that the attacks were not my fault, and that not all unwanted attention is a precursor to an attack	Unconventional appearance may lead to more unwanted attention
Physically assaulted by a group of men while walking home	People are dangerous, if I make eye contact I will be attacked	Avert my eyes to avoid eye contact	Feel slightly safer when around people	Fail to learn that eye contact does not generally lead to being attacked	People think that I am odd
Humiliated at school about appearance	If people see my armpits they will think I am disgusting and reject me	Keep arms at my sides	Reduction in anxiety because no one can see my armpits	No opportunities to learn that most people don't even notice sweat	Keeping arms at my sides makes armpits sweat even more
Embarrassed by my peers during a conversation	If I speak in a large group, people will make fun of me	Plan out exactly what to say ahead of time	Feel less anxious because I've practiced what I'm going to say	Barely speak or say the wrong thing when conversations don't go as predicted	Social isolation

Student Chart – Put this chart (without the answers) on a hand-out for students. The first example is filled in to help them.

Early Experience	Belief	Safety Behavior	Consequences		
			Short-Term	Long-Term	Unintended
Many experiences of unwanted attention by men, and an experience of sexual assault	The attacks were my fault, if I don't look conventionally attractive then I won't get attacked again	Overeat, pay less attention to my appearance	Feels good to be acting in accordance with my beliefs – feel a bit safer at times	No opportunities to learn that the attacks were not my fault, and that not all unwanted attention is a precursor to an attack	Unconventional appearance may lead to more unwanted attention
Physically assaulted by a group of men while walking home	People are dangerous, if I make eye contact I will be attacked	Avert my eyes to avoid eye contact			
Humiliated at school about appearance	If people see my armpits they will think I am disgusting and reject me	Keep arms at my sides			
Embarrassed by my peers during a conversation	If I speak in a large group, people will make fun of me	Plan out exactly what to say ahead of time			

Additional Activities

Tolman, A. (2010). Creating transformative experiences for students in abnormal psychology. In R. Miller (Ed.), *Promoting student engagement Vol 2: Activities, exercises, and demonstrations for psychology courses* (pp. 136-143). Publisher: Society for the Teaching of Psychology.

- This resource discusses the different formats for activities that can (and should) be used in abnormal psychology classes (or for abnormal psychology topics) in order to have students engage meaningfully with the materials. Although not regarding social anxiety specifically, there are several great recommendations for formatting class activities for disorders in general.

Discussion Points

- What differentiates people who are shy from those with social anxiety disorder?
 - Shyness, unlike social anxiety disorder, is a personality trait. As such, people who are shy do not typically exhibit fear of social situations or see their shyness as a negative attribute. People who would consider themselves to be more introverted (“shy”) than

others live normal lives with a normal amount of social anxiety. In addition, not all people with social anxiety disorder are shy and some are even high in extroversion.

- Because the most effective treatment for social anxiety disorder is exposure to feared situations, what kinds of exposures would you devise for someone who fears talking in front of an audience? Engaging in small talk? Writing or eating in front of others? Speaking up in a small group? Talking to strangers?
 - For this discussion, you may want to split students into groups and have each group consider only one of these scenarios. Then, you can come together as a class to share solutions.
 - Across all scenarios, students should mention starting out small and building to the full-blown experience.
 - Talking in front of an audience – Giving a speech over the phone, in a large empty room, with one audience member, with several, with a full room.
 - Engaging in small talk – writing down answers to commonly asked question; answering prescribed questions with a friend or stranger; attending an event and making small talk.
 - Eating in front of others – eating alone; eating alone in a restaurant far away from other people; eating with a friend; eating with a stranger
- Why might social anxiety disorder typically begin in late childhood/early adolescence?
 - Since adolescence is a time when young people are deriving their sense of self (e.g., Erikson's identity v. role confusion), they may be particularly vulnerable to negative judgments of themselves (by others or themselves). Peers have a particularly strong influence on feelings of self-esteem during late childhood and adolescence and so a series of bad experiences during this time may help to contribute to social anxiety disorder.
- How does culture influence fears of negative and positive evaluation? After all, social groups differ in their adherence to a vertical social hierarchy.
 - Since fear of negative and positive evaluation are central to SAD, and these evaluations depend directly on social expectations (i.e., culture), we must consider a person's cultural context in order to understand the disorder.

- Prevalence rates of SAD are highest in the US and lowest in East Asian countries.
 - In America, Chinese-Americans are less likely to seek help for SAD than their counterparts of European descent.
 - Individualism v. collectivism – Two sides to the argument. In individualist societies people are more likely to seek help for SAD symptoms. In collectivist societies, the presence of stricter social norms may help those struggling with symptoms to better social adjustment. On the other hand, in cultures with stricter social norms, deviations from them are more pronounced and may lead to greater embarrassment.
- What may be some reasons people with severe social anxiety might not seek or receive treatment? How would you remove these obstacles?
 - People with SAD often see themselves as a failure and experience deep feelings of shame and embarrassment. These feelings often times can prevent help-seeking.
 - Because the disorder may start early in a person's life, someone with SAD may feel their symptoms are a part of who they are rather than a behavior that can be changed.
 - May lack supportive environment (friends, family, culture) in order to seek help.

Outside Resources

Institution: Andrew Kukes Foundation for Social Anxiety

<http://akfsa.org/>

Institution: Anxiety and Depression Association of America

<http://www.adaa.org/>

Video: Social Anxiety Documentary - Afraid of People

<http://www.youtube.com/watch?v=gmEJEfy5f50>

Web: CalmClinic

<http://www.calmclinic.com/>

Web: Which Celebrities Suffer with Social Anxiety?

<https://www.verywell.com/which-celebrities-suffer-with-social-anxiety-3024283>

Evidence-Based Teaching

Eisenberg, N., & Sulik, M. J. (2012). Emotion-related self-regulation in children. *Teaching of Psychology, 39*, 77-83.

- This article focuses on developmental changes in self-regulation of emotion in childhood and adolescence. On pages 80-81, the authors specifically review suggestions for teachers to help students learn about how to self-regulate emotions. The authors provide links to psychological inventories, tests, and even games that instructors could use to help students learn more about self-regulation.

Links to ToPIX Materials

Movies and Mental Illness: Using film to understand psychopathology

<http://www.teachpsych.org/resources/Documents/otrp/resources/wedding09.pdf>

Teaching Topics

Teaching The Most Important Course

https://nobaproject.com/documents/1_Teaching_The_Most_Important_Course.pdf

Content Coverage

https://nobaproject.com/documents/2_Content_Coverage.pdf

Motivating Students

https://nobaproject.com/documents/3_Motivating_Students_Tips.pdf

Engaging Large Classes

https://nobaproject.com/documents/4_Engaging_Large_Classes.pdf

Assessment Learning

https://nobaproject.com/documents/5_Assessment_Learning.pdf

Teaching Biological Psychology

https://nobaproject.com/documents/6_Teaching_Bio_Psych.pdf

PowerPoint Presentation

This module has an associated PowerPoint presentation. Download it at https://nobaproject.com//images/shared/supplement_editions/000/000/236/Social%20Anxiety.ppt?1475617335.

About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

Noba is an open and free online platform that provides high-quality, flexibly structured textbooks and educational materials. The goals of Noba are three-fold:

- To reduce financial burden on students by providing access to free educational content
- To provide instructors with a platform to customize educational content to better suit their curriculum
- To present material written by a collection of experts and authorities in the field

The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award- winning university teachers.

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