Social Anxiety Disorder: a General Overview

Yongxin Guan

Shanghai United International School, Shanghai, 200000, China

Abstract. Social anxiety disorder (SAD) is a branch of anxiety disorder, known as the major anxiety disorder that is neglected the most. Patients with SAD will try to avoid social situations, feeling embarrassed and stressed. This article is an overview of SAD, incorporating its etiology, impacts, treatments, and recommendations for future development. In the introduction section, the author explains the basic information of SAD, including the definition, symptoms, feathers, controversies, and Methodology. In the next section, the author illustrates the possible causes of social anxiety disorder from biological, psychological, and social perspectives. After the etiology section, the author describes its impacts on individuals and effects on the society. And then, some common treatment methods and comorbidity are listed in the section. Recommendations at the end provided directions for future investigation. Overall, people can gain more insight into this anxiety disorder and are able to learn about basic information of SAD.

1 Introduction

1.1 Social Anxiety Disorder

Social Anxiety Disorder (SAD), according to DSM-5 (Diagnostic and Statistical Manual of Mental Disorders: 5th edition), a noticeable or severe dread or anxiety of social circumstances when one can be the target of scrutiny from others [1]. Because they believe they have little control over social circumstances, people with social anxiety disorder are scared of them. Sometimes, they will avoid the events because of the feeling of distress and embarassment.

The disorder is common among people. Epidemiological research indicates that SAD is a prevalent disorder, affecting 5 to 10% of the population [2]. SAD also has a relatively high lifetime prevalence, ranging from 8.4 to 15% [2]. SAD usually begins in early adolescence. Without effective treatments, the disorder will persist, leading to more serious consequences, such as suicide and developing other comorbidity.

1.2 Symptoms of SAD

Typical signs of SAD include blushing, perspiration, and shaking. People's heartbeat will accelerate, with the feeling of "mind going blank" or sick to their stomach [3]. In their daily life, they are likely to be anxious and afraid of being judged negatively by others, avoiding places where there are other people [3]. They feel uncomfortable when meeting new people and pay very high attention after an activity.

Except for the typical symptoms, social anxiety disorder also has some special features. Most people who have social anxiety disorder will perform diffident and excessively submissive. They may also show inadequate eye contact and speak with a very soft voice. They are willing to search for a job that do not need too much social contact and prefer to stay at home longer [1]. The features will perform different according to the gender. Men with SAD may put off starting a family, while women who work outside the home may never get married. [1]. Increased tremor or tachycardia are two symptoms of illnesses that the disorder is prone to intensify in older persons. [1].

1.3 Questions and controversies

Although in recent years, social anxiety disorder has been paying attention to, there is still many questions and controversies remained in many aspects of the disorder, especially surrounding the diagnosis and treatment. According to available data, people with SAD receive inadequate diagnosis and treatment [4]. However, some researchers thinks that the disorder may be overdiagnosed in some individuals. This makes it more difficult to treat SAD with medication, psychotherapy, or a combination of the two [4]. One of the main questions about the distinguish of SAD is that, the distinction between people who are simply shy and people that are likely to have social anxiety disorder [4]. In other words, some researcher thinks that SAD is just overpathologizing shyness. The first appearance of the diagnosis of SAD is in the book DSM-III in 1980. Not long after it first surfaced, it was regarded as "among the most neglected of the major anxiety disorders" [1].

Corresponding author: 1206138@wy.suis.com.cn

Fundamental information about SAD is obtained from the DSM-V. For the etiology section, the primary source is Social Anxiety Disorder by Rose and Tadi in which discussed the etiology, evaluation and management of SAD. The overview of individual and social impact is based on Buckner's study [5]. Buckner's study reveal the association between social anxiety (SA) and suicidal ideation (SI). The document provided a test of suicidal ideation of SAD patients.

In conclusion, the primary focus of this paper is to offer an overall review on the etiology, impacts, treatments, and recommendations of social anxiety disorder. Based on the summary, readers can have a preliminarily understanding of SAD. This will raise people's awareness of the symptom and consequence of SAD, gaining researcher's attention to the further analysis and study.

2. Etiology

2.1 Biological factors

The biological factors are associated with brain structure and gene. Studies on brain activation patterns have revealed that individuals with social anxiety disorder exhibit a correlation between stimuli and increased activation in the amygdala, amygdala-hippocampal area, and frontolimbic system. [4]. According to a recent neuroimaging study, patients with SAD have increased activity in the limbic and paralimbic regions comparing to the control group, which consists of mentally healthy individuals. [4]. This is particularly evident when they are reacting to activities involving public speaking and facial emotions, however the results in these domains have been inconsistent [4].

Furthermore, twin studies have shown that heredity rates for SAD vary from 20 to 50%. [6]. Nonetheless, scientists have observed that hereditary factors do not have a preponderant impact on the emergence of anxiety disorders [4]. Moreover, many anxiety problems have not been shown to be heritable in several twin investigations [4]. It follows that genetics has little bearing on the development of SAD. Genes are mostly influenced by environmental variables as etiological factors. [7].

2.2 Psychological factors

What's more, only a few SAD patients acquire the disorder biologically. Psychological factors play a significant part as well, as well as the environment people developed in. Family studies have a stronger impact on the spread of social anxiety disorder than twin studies do because of their higher specificity [6]. According to the study, there is a correlation between rejection and overprotection from parents [6]. Studies indicate that passive social encounters, like watching the victimization of peers, are linked to the emergence of SAD [1]. Child abuse is also a risk factor for SAD. Additionally, among some specific groups of people, ethnic discrimination and racism are associated factors [1].

2.2.1 Parenting style

Among the different kinds of factors, one of the element is "negative parental rearing practices" [8]. This includes parent's overprotection, control, neglect, etc, to their children. For example, when parents overcontrol a child to explore the world, the child might feel afraid of the unknown world when they get older. When the child is facing an unfamiliar situation, he or she will have a sense of anxiety and uneasiness. In the family, although most of the studies are conducted with social anxious children and their mother, it has show that not only mothers are influencing the family environment, fathers also play a role. Fathers that are more controlling are more likely to cause social anxiety disorder on their children. Additionally, if a parent has a history of psychopathology, his or her children have a higher rate to get SAD, especially to children raised by drug abusers. The research has showed that parents who have anxiety disorder varies in their parenting style to their children.

2.2.2 School bullying

Another risk factor is the relationship among peers. Children who experienced severe bullying at school are more possible to get SAD. And the factors that lead to being bullied are usually parental overcontrol, illness, and inhibited temperament [8]. The study also suggests that depression is a common comorbidity with anxiety. Additionally, the experience of being bullied and teased lead to the fear of victims of being in embarrassing social situations. This is related to the definition of SAD. As well, high social anxiety is also correlated to few friendships and poor peer acceptance. The phenomenon happens particularly in girls.

2.3 Geographical factors

There are also some misconcepts about the rate of social anxiety disorder patients in different countries' populations. Before SAD standardized epidemiological studies are published, most people thought that social anxiety disorder was more common in the East, due to the highlight of shame in their culture [6]. Nonetheless, the study's findings showed that SAD is more prevalent in Western nations and among young and female populations [6]. An explanation is that the percentage of SAD patients is related to how developed the country is. Situations such as the labor market and metropolitan environments offers people more social contact opportunities.

Culture is one of the most significant factors among all the environmental factors. Taijin kyofusho, as known as "TKS", is a mental disorder mainly in Japan. It is also

one of the culturally bound syndromes, but it should not be considered specific to Japanese culture [6]. The syndrome of TKS is usually related to the concerns about social evaluations, which meet the diagnostic criteria of social anxiety disorder [1]. Patients with TKS are fear of making other people uncomfortable, Sometimes, the fear reaches delusional levels of intensity [1].

All in all, although gene may have effect to SAD, the developing environment is more important to the diagnosis. Culture differences and family environments are tightly associated with the percentage of getting SAD.

3 Impact

3.1 Individual impact

The high rate of suicidal ideation is still associated with social anxiety disorder even after controlling for other comorbidities [5]. Perceived burdensomeness seem to be specifically linked to suicide [9,10]. SAD persons are more likely to perceived burdensomeness and thwarted belongingness [5,9]. They feel a sense of alienation from other more easily and they are more likely to be unmarried. SA was associated with suicidality and all indirect path was significant. [5].

The difficulty in interpersonal activities can also lead to suicidality in SAD patients. They are sensitive to negative feedback from others, underestimating the support they gain. Also, they try to avoid social interactions since they exhibit poor social skills [11]. They tend to not to stay close to their friends although they have very small social networks.

The attempt and ideation of suicide is associated with the support and connectedness of their family. Additionally, the perceptions of friends' caring are related too. There are likely to be gender differences between perceptions of social support and suicidality since some studies suggests that the associations are significant among girls.

Heritability rates for SAD have been found in twin studies to range from 20 to 50% [4]. Nonetheless, scientists have observed that hereditary factors do not have a preponderant impact on the emergence of anxiety disorders [4]. Moreover, many anxiety problems have not been shown to be heritable in several twin investigations [4].

3.2 Social impact

Except for the risk of suicide, they are also disadvantaged in social functioning. People with social anxiety frequently show signs of increased dread, worry, and avoidance of social situations and interactions that could draw attention from others [11]. Moreover, they commonly express reduced levels of positive emotions (PA) alongside heightened negative emotions (NA).

The ability of emotion regulation is associated with social anxiety. Ineffective emotion regulation will elevate levels of anxiety. When patients are anxious, the activity of cognitive reappraisal and attention modulation in the brain system will decrease [12]. Additionally, comparing to criticisms, negative self-beliefs are more difficult to regulate. On the other hand, a patient's ability to downregulate unpleasant emotions will be lower when they are more socially anxious [12]. This implies that deficiencies in the cognitive reappraisal of negative beliefs will result from severe social anxiety [12].

4 Diagnosis and comorbidity

It is important to distinguish SAD from other conditions [7]. According to the DSM-5 criteria, a person's symptoms cannot be more appropriately described by those of another mental illness in order to be diagnosed with social anxiety disorder [7].

As many as 90% of people with SAD have comorbidities, which is frequent [2]. Comorbidity can have a variety of effects on how a disease progresses [2]. For instance, comorbidity in people with SAD may result in poorer functioning overall, increased symptom severity, treatment resistance, and early treatment-seeking behavior [2]. Comorbidities might further complicate and make it harder to diagnose and treat social anxiety disorder [2]. Major depression (MD), atypical depression, bipolar disorder (BD), and alcohol use disorder (AUD) are some of the prevalent comorbidities of SAD. This can increase the rate of suicide attempts.

5 Therapies and prognosis

Pharmacotherapy is a usual way of treatment for SAD. The most common classes of drugs used to treat SAD are GABA-ergic drugs, benzodiazepines (BZDs), beta-blockers, serotonin-norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), and other anxiolytics [7]. SSRIs are the initial line of treatment. By preventing serotonin from being reabsorbed by neurons and causing them to remain in the synaptic cleft for longer, the medication raises serotonin levels in the brain [7]. Thereby, the process improves the communication between neurons.

It is possible to prognose social anxiety disorder. The three prognostic factors are temperamental, environmental, and physiological. A person's propensity for SAD is influenced by their fear of being negatively judged, behavioral restraint, and harm avoidance [1]. Negative social situations have also been related to the emergence of SAD.

Cognitive-behavioral therapy is a successful treatments SAD [13]. The core of CBT is to help patients adapt better thinking process and behavior, in order to improve distressed emotional experience [13]. The session of CBT is often weekly and lasts for 12 to 16 weeks [13]. One of the main strategies used in CBT is cognitive intervention [13]. By restructuring the thinking process, patients can have more adaptive thinking [13].

6 Conclusion

In conclusion, biological, psychological, and social factors all can contribute to Social Anxiety Disorder, but more researches are needed to be done to find out which of them can be the key one. Besides, SAD has hazardous impacts on the patients, especially the ideation of suicide attempts. To avoid the negative consequences, appropriate treatment such as medical treatments, should be provided to patients based on their individual conditions.

Although existing researches have revealed important information about SAD, there are still many neglected aspects that should be improved. One of the biggest issues is the under-recognized and undertreated among patients with SADs of most researches. As a result, some researchers think that individuals with SAD are just the people who are too shy. This influences the further study of the diagnosis and treatment of SAD. Without effective treatment, patients with SAD can gradually develop into more serious comorbidity and finally leads to suicide. SAD is known as “among the most neglected of the major anxiety disorders”, which means that the significance and seriousness really should be considered thoroughly.

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.). Virginia : American Psychiatric Association.
2. A. Koyuncu, E. İnce, E. Ertekin, & R. Tükel. Drugs Cont, **8**(8), 1–13 (2019)
3. National Institute of Mental Health. Social anxiety disorder: More than just shyness. (2022). Available online at : https://www.nimh.nih.gov/health/publications/social-anxiety-disorder-more-than-just-shyness
4. K. L. Dalrymple. Expert Rev Neurotherapeutics, **12**(8), 993–1008 (2014)
5. J. D. Buckner, A. W. Lemke, E. R. Jeffries, & S. M. Shah. J Anxiety Dis, **45**, 60–63 (2017)
6. T. Nagata, F. Suzuki, & A. R. Teo. Psych Clin Neurosci, **69**(12), 724–740 (2015)
7. G. M. Rose, & P. Tadi. Social Anxiety Disorder. (2022). Available online at: https://www.ncbi.nlm.nih.gov/books/NBK555890/
8. J. D. Buckner, A. W. Lemke, E. R. Jeffries, & S. M. Shah. J Anxiety Dis, **45**, 60–63 (2017)
9. C. Chu, J. M. Buchman-Schmitt, I. H. Stanley, M. A. Hom, R. P. Tucker, C. R. Hagan, M. L. Rogers, M. C. Podlogar, B. Chiurliza, F. B. Ringer, M. S. Michaels, C. H. G. Patros, & T. E. Joiner. Psych Bull, **143**(12), 1313–1345 (2017)
10. M. Gallagher, M. J. Prinstein, V. Simon, & A. Spirito. J Abnorm Child Psych, **42**(6), 871–883 (2014)
11. J. Hur, K. A. DeYoung, S. Islam, A. S. Anderson, M. G. Barstead, & A. J. Shackman. Psych Med. **50**(12), 1989–2000 (2019)
12. M. Ziv, P. R. Goldin, H. Jazaieri, K. S. Hahn, & J. J. Gross. Biol Mood & Anxiety Dis, **3**(1), 20 (2013)
13. J. E. Curtiss, D. S. Levine, I. Ander, & A. W. Baker. Focus, **19**(2), 184–189 (2021)
14. N. A. Alomari, S. K. Bedaiwi, A. M. Ghasib, A. J. Kabbarah, S. A. Alnefaie, N. Hariri, M. A. Altammar, A. M. Fadhel, & F. M. Altowairqi. Cureus, **14**(12), (2022)
15. M. C. Freitas-Ferrari, J. E. C. Hallak, C. Trzesniak, A. S. Filho, J. P. Machado-de-Sousa, M. H. N. Chagas, A. E. Nardi, & J. A. S. Crippa. Progr Neuro-Psychopharm Biolog Psych, **34**(4), 565–580 (2010)
16. E. Leigh, K. Chiu, & E. D. Ballard. Res Child Adolesc Psychopathol, **51**(4), 441-454 (2022)