A Review on Social Anxiety Disorder, Effective Factors and Treatment.

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ABSTRACT

Social anxiety disorder (SAD) is a type of anxiety disorders. It refers to a resistant fear in the individual. Fear of society, social interactions, and all situations in which both relational aspects and functional performances of the disordered person are involved. A person with social anxiety disorder does not lack social senses and a tendency to communicate with others, but the fear of possible humiliating situations, makes him to tend to social avoidance while he is aware of the fear and illogicality in his action. Many surveys are carried out in the field of treatment and reduction of SAD symptoms, especially in cognitive and metacognitive treatment. Cognitive treatment focuses on self-talk as one of the surveyed fields in SAD investigation. In fact, self-talk is a fruit of human cognitions that is revealed through talking or expressing one's own opinion about others, the world and individual's communications. Moreover, a study on the field revealed that cognitive treatment based on self-talk is useful in reducing social anxieties, and negative self-talks have a more important role than positive ones, thus, treatments should focus on elimination of negative thoughts more that establishing positive ones. Social anxiety disorder (SAD) is among the most prevalent mental disorders, and its prevalence rate is estimated to be 13%. Its obvious destructive role in social interactions of the individuals and their isolation and avoidance of positive and essential activities of life signifies the maladaptive nature of the disorder.
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INTRODUCTION

Social anxiety disorder (SAD) is a type of anxiety disorders. (1) This type of disorder refers to a resistant fear in the individual. Fear of society, social interactions, and all situations in which both relational aspects and functional performances of the disordered person are involved. (2) In fact, it is a resistant fear of involving in situations in which the disordered person is exposed to actual scrutiny by others and probably is treated with contempt.(3-6) However, this may be a result of fear of others seeing anxiety symptoms in the individual such as trembling, sweating or blushing. (7) This social disorder happens mostly within interpersonal relationships. The damage is so high that even if the person is well skilled in communicational aspects, his social interactions decrease significantly. (1) By the way, the fear of being humiliated and disdained is recognized as the main reason of emergence of this disorder. (8) A person with social anxiety disorder does not lack social senses and a tendency to communicate with others, but the fear of possible humiliating situations, makes him to tend to social avoidance, (1) while he is aware of the fear and illogicality in his action. (9) Those with social anxiety disorder bear the sense of fear and mental sadness in them, but they are not the same in the level of their social avoidance as some of them significantly escape from interactions and sociability and even do not leave their homes. In other groups of SAD individuals, it does not necessarily end in active avoidance from uncomfortable situations. (10) In Generalized Social Anxiety cases, the person is scared of most of the situations and avoids them. (11) Studies have shown a high prevalence of SAD, with the prevalence rate of 13%(6, 12, 13) this makes SAD the third most prevalent psychiatric disorder after depression and alcohol dependence. (4, 5, 13-15) Some studies have considered SAD as the fourth prevalent mental disorder. (16) Social anxiety disorder has a higher prevalence rate than other types of anxiety disorder (11) Social anxiety disorder is known to appear at the age of 15 and in most cases it starts before the age of 25. (4, 5, 13) Gender plays a role in prevalence of this disorder as the number of women stricken by SAD are more than men. (4, 13) Both heritability and educative processes are effective in SAD. (12) Among all environmental factors of this problem, indeed, family factors including parenting and parental education play a significant role. (2) SAD shows a high degree of comorbidity with other psychiatric disorders, such as other anxiety disorders, depression, and personality disorders. SAD individuals highly simultaneously show other disorders with comorbidity rates ranging from 50% to 80%. (13) Most correlating disorders with SAD are panic attacks, alcoholism, and major depression. (15) Besides, according to some researches SAD mostly co-occurs with depression. (10) Nevertheless, despite the view that the SAD individuals have toward their maladaptive behaviors, only 5% of them actively search for treatment. (15) The first treatment methods for this disorder are those focusing on cognitive behavioral therapies; the ones which emphasize on encountering the patients with their sources of fear. (8, 13) The present study investigated the factors involved in SAD and the psychotherapeutic methods used for decreasing its symptoms.

The study carried out by Bitaraf et.al, showed that there is a correlation between parenting methods and children's infliction by social anxiety disorder. (16) This study compatible with the study carried out by Hatam-Nejad et al. (2) according to this study, autocratic behavior, as a parenting method is directly related to outbreak of SAD as to its excessive inhibition of children and trampling their independence. The main concept in this result is that parents with autocratic behaviors hinder their children's tendencies to be independent by various types of punishment; and it leads to creation of negative thoughts in those children making them fear from experiencing, interacting, and cooperating with others. Yet, if parents use authoritative parenting instead of autocratic style, the child learns to proceed, regardless of the result and the fear of that result. Authoritative styles with their own limitations, consider mental and emotional needs of children. (16)

Cognitive theories explanations of different anxiety disorders are based on the principle that basically, we should look for such disorders in defective and irrational beliefs. Accordingly, bias in information processing has a significant effect on continuance or even emergence of anxiety disorders. These studies have divided the biases into four categories: attention biases, judgment biases, interpretive bias, and memory bias. And focusing on these four types as the main cognitive factors, we can effectively treat anxiety disorders.(3, 11) According to Abdi et al, negative bias in interpreting social phenomena is considered as a basic feature in SAD. (11) Other studies have also approved such results. (4, 7) Interpretive biases in explanation of social phenomena create false beliefs about oneself and society, and this issue leads to negative evaluations of social conditions. And finally, such negative evaluations lead to anxiety and avoidance. (7) These results are compatible with the results acquired by Khanjani et al. (3) Clark and McManus argued that interpretive bias can effect SAD in two forms: one is that the individuals may tend to interpret ambiguous phenomena negatively, and the other is that they interpret social phenomena which are a little undesirable and negative

much worse than what they really are. (17) Interpretive bias can happen about body image or appearance concerns. A research by Khajavi and Ghanbari about the relationship between social anxiety and body image fear (the anxiety which individual feels when his/her body is exposed to others) revealed that there is a significant relation between these two. Therefore, individuals with SAD hold a more negative attitude toward their own bodies that those who do not suffer from this disorder. Another subject argued by the study was that self-esteem in individuals with SAD was tangibly lower that other groups; thus, low self-esteem and body image anxiety of important factors predicting social anxiety disorder. This two factors are used by the individual as socio-psychological standards to evaluate himself in against others. When individuals are not satisfied with their own appearance, they start to worry about their body image, and they may spread this concern to other aspects of their relationships; this may result in keeping low profile in society and decrease of their social interactivities. According to this study, body image anxiety is a better predictor of SAD than low self-esteem. (18) According to Taherifar et al, shyness, ambivalent and avoidant attachment, behavioral inhibition, social self-efficacy, and interpretive bias consist 67.9% of SAD factors and causes. Adulthood behavioral inhibitions showed a more significant correlation with SAD than behavioral inhibitions in children. Moreover, the role of behavioral inhibition was considered less effective that attachment styles and shyness in SAD. (12) Meanwhile, self-efficacy (Individuals' judgment about their own abilities and organizing then in order to reach a goal) is considered as one of the most effective factors in SAD. Self-efficacy maintains 2 aspects: one is the expectation of efficacy which is the representation of one's beliefs in his/her own abilities in particular situations, and the other is expectation of results; that is what results may his actions will have. It should be noted that self-efficacy does not necessarily accord with the real abilities of individuals in particular situations. The higher self-efficacy the individuals have, the less social anxiety they experience. (7) We can investigate the role of beliefs and cognitions of individuals in another way. According to Yusefi et al, argued that a minor structure exists in individuals as a rooted belief, which in fact does not spring from reality, and induces thoughts about low mental and physical abilities and leads to reduction of self-esteem in them. Cognitive distortions such as (I think others mark my mistakes to devaluate me), (if a make a mistake, I will always repeat that), (I'm always afraid of not being approved by others) etc. explain the negative emotions resulting from minor self-evaluations which occur in one's mind under socially-anxious conditions. (19)

In a study carried out by Afzali et al, regarding defense mechanisms in patients with SAD, it was revealed that this individuals in comparison with non-SAD group, showed a significant difference in using defense mechanisms of idealizing, passive aggression, suppression and somatization. Attributing thoughts and generally all anxiety momentums to an external object or what is called as projection, and too much focus on positive and negative properties of an object, another person or external phenomenon (idealization) besides conditions in which performs aggression towards others by self-harming such as failing, denial, and passiveness (passive aggression), all put the individual into a situation which makes him fear from different social situations. These individuals also are incapable of suppression that is intentional postponing of processing different situations, which leads them to avoid social situations. All the mentioned factors provide DSM-based criteria required for detecting SAD. (20)

As mentioned before, this type of disorder has comorbidity with some other psychological disorders such as depression. (10, 13, 15) But, some of the studies have recognized the role of social anxiety disorder as an introduction to depression. However, despite these findings, all SAD individuals do not necessarily bear depression symptoms; the reason of it still remains unknown. Nevertheless, the role of social anxiety disorder has been on the center of attentions in this subject. Besides, the role of behavioral avoidance in appearance of depression symptoms has been widely studied in individuals who suffer SAD. Accordingly, there is a significant relation between behavioral avoidance and depression symptoms in SAD individuals, as the reduction of behavioral avoidance in them showed reduction of depression symptoms. Therefore, it is considered that when an individual shows behavioral avoidance, he/she receives less social support, which is known as its only consequence; and these two factors – decreased social support and loneliness – are known as the 2 main factors in outbreak of depression symptoms in SAD patients. Thereupon, it is recommended to medicals to try to reduce behavior avoidance of their patients by behavioral-cognitive techniques such as confrontation, so as to decrease the depression symptoms in them. (10) Bayani et al, have observed a relationship between solving social problems as a cognitive-behavioral skill and this type of disorder in SAD patients. Ability in solving social issues refers to individual's skills in solving life problems. Individuals who suffer dismay and sadness in confrontation with life issues and are unable to find proper solutions for them, actually lack that kind of ability. Therefore, increasing abilities to solve social problems and finding proper solutions for difficulties and their relations with life, can help individuals to reduce their social anxieties and lead them to grow their mental

health. This research has estimated the rate of this ability in men to be higher than in women. (14) surveys carried out over behavioral characteristics relating to various anxieties, including social anxiety disorder consider suffering SAD to be directly related to the increase of tobacco use; and also, argue that repetition of anxiety disorders such as SAD are related to the highly use of tobacco and nicotine. Thereby, there is a difference between smokers and non-smokers in their level of anxiety disorders and SAD problems as the recently detected disorders have shown that smokers, especially those who have a longer record of smoking, are more likely to suffer SAD. The results of these studies explain this fact as they consider smoking as a compensatory behavior against one's own social defects, and to some extent guarantee these individuals' participation in social groups, or at least in smoker groups. Besides, smoking plays a significant role in reduction of negative emotions. Consequently, this behavior can lead to dependence on alcohol and marijuana use. At last, this type of relation and comorbidity between smoking and SAD can be controlled by cognitive techniques and reduction of anxiety emotions. (21)

Many surveys are carried out in the field of treatment and reduction of SAD symptoms, especially in cognitive and metacognitive treatment. (4-6, 13, 22, 23) Cognitive treatment focuses on self-talk as one of the surveyed fields in SAD investigation. In fact, self-talk is a fruit of human cognitions that is revealed through talking or expressing one's own opinion about others, the world and individual's communications. A type of internal speech that takes place with a low voice or high voice or even silently through which individuals study and evaluate their own thoughts and emotions, then change or defend them. Therefore, cognitive psychotherapy reduces negative self-talks and emotions springing from negative thoughts by increasing positive self-talks. Moreover, a study on the field revealed that cognitive treatment based on self-talk is useful in reducing social anxieties, and negative self-talks have a more important role than positive ones, thus, treatments should focus on elimination of negative thoughts more that establishing positive ones. (23)

Metacognition is a trend through which cognitive controlling and evaluation is possible. (4, 5, 13)Treatments based on metacognition are different from usual cognitive ones as in this treatment, thoughts, beliefs and cognitions related to the mental disorder are not the subject of changing, but cognitions are managed so as they will not end up with resistant and challenges and incompatible cognitive processes are eliminated. This treatment compensates the deficits of cognitive-behavioral method, especially while in cognitive treatment negative thoughts are known the main cause of disorders, and main focus is put on the content of thoughts rather than the trends of their appearance. Therefore, metacognitive treatment suggests that individual's beliefs about his thinking trend and the unique methods of each person to reach this thoughts should be put under research. In fact, effective mental factors on thoughts are more emphasized than the thoughts. (4) Studies have shown that anxiety as one of the basic features in anxiety disorders have a close relationship with metacognitive beliefs; accordingly we can justify the reason for effective of metacognitive treatment. Effectiveness of such treatment has been approved for a wide range of mental disorders such as generalized anxiety disorder, obsessive-compulsive disorder, and Posttraumatic stress disorder. (5, 22)

Several researches about effectiveness of this type of treatment have shown that the test group had a significant reduction in SAD symptoms. (4, 13, 22)moreover, another research over effectiveness of metacognitive treatment on decrease of fear of scrutiny by others, (anxiety about being evaluated by others and fear of negative evaluations the belief that others only give negative criticisms and evaluations about the individual) revealed that the treatment has had a good effective in curing fears of scrutiny by others, and reduces it. (5) Also, it was revealed that besides reduction of symptoms, durability of results of treatment was another good feature of metacognitive treatment. Metacognitive treatment does not deal with dysfunctional and negative thoughts, instead, it tries to recognize the methods of thinking and the ways to control them. (13) it teaches the patient that mere thinking about thoughts related to SAD does not lead to action, and it will not result in appearance of the external factor the individual is afraid of. Besides, it challenges positive and negative beliefs about these thoughts. Positive thoughts that the individual thinks will lead him to escape from social threats, thus increases them in his/her mind. (4)

Furthermore, in the field of behavioral treatments, Zargar et al, argued that group behavioral treatment can reduce the intensity of SAD. Behavioral treatment includes a collection of behavioral techniques such as Exposure, and Systematic Desensitization, and also, Assertiveness *training that will reduce the symptoms relating to SAD and leads to the increase of social skills.* Probably this results should be related to exposure and confrontation with society that are the causes of fear and avoidance in this type of disorder. (15) Indeed, in another research by *Toozandehjani*, it was revealed that although behavioral techniques play a

significant role in SAD reduction, they are not constant. (8) Another study in the field approved the role of family treatment by cognitive-behavioral methods in SAD reduction. (6)

Another type of psychotherapy is Acceptance and Commitment Therapy that is a treatment the main goal of which is to create mental flexibility in the individual and enabling him to choose among the best available options. Researches in the field have shown that this therapy plays a significant role in reducing SAD symptoms. This therapy teaches the individuals to accept what scares them instead of escaping from it, tells them to set practical social goals for themselves to face their mental discomforts and control them. (9)

DISCUSSION AND CONCLUSION

Social anxiety disorder (SAD) is among the most prevalent mental disorders, and its prevalence rate is estimated to be 13%. Its obvious destructive role in social interactions of the individuals and their isolation and avoidance of positive and essential activities of life signifies the maladaptive nature of the disorder. Studies have emphasized on various factors in SAD. Among these factors are the relationships between parenting styles and emergence of this disorder which shows certain parenting styles, especially autocratic parenting, are directly related to this type of disorder; while in authoritative parenting by which parents besides their power establish a bordered independence for their children, the possibility of appearance of such disorder in children is highly reduced. On the other hand, the studies in the cognitive fields show that individuals with SAD show a meaningful difference in their self-talking and mental expectations from non-SAD people. These individuals negatively evaluate most of interactional and communicational situations; therefore, these evaluations lead to avoidance and isolation from social situations. Smoking is considered to be related to such disorders, and they are seen as probable compensational actions from SAD individuals. There is a wide range of psychotherapeutic methods for this disorder; from various cognitive-behavioral methods that emphasize on incompatible cognitions and accompanying of cognitive therapies with behavioral treatments to metacognitive methods that focus on the ways of thinking instead of the thoughts themselves. Other methods, also, are behavioral treatments such as desensitization and exposure through which the individuals face their fears in order to reduce them. The above mentioned are among the methods that are often used as the common therapies in this field.

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