

WHAT IS SOCIAL ANXIETY DISORDER?

Bourin M, Neurobiology of anxiety and mood disorders, University of Nantes, France

Corresponding author: Bourin M, Neurobiology of anxiety and mood disorders, University of Nantes, 98, rue Joseph Blanchart, 44100 Nantes, France; Email: michel.bourin@univ-nantes.fr

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ABSTRACT

Social anxiety disorder, formerly known as "social phobia," is a type of anxiety disorder, as is post-traumatic stress disorder, or generalized anxiety. It is characterized by intense fear of situations in which the person is confronted with the stares of others. This fear quickly becomes a deep anxiety when it is brought to speak in front of a group of people or simply when it is observed by people who are not part of his entourage. Being exposed to the gaze and judgment of others creates significant anxiety for the person with social anxiety, fueled by the fear of acting in a humiliating or embarrassing manner. She thus isolates herself little by little in order to avoid these situations which cause her significant discomfort.

Key words: social anxiety, social phobia, anxiety disorders, bipolar disorder

INTRODUCTION

Social anxiety could be likened to extreme and pathological shyness having a significant impact on the social, family and professional life of people who are affected (Brook & Schmidt, 2008). People with social phobia seek to avoid distressing situations where they have to come into contact with other people at all costs. They are well aware of their difficulty and will often be slow to consult because they are often ashamed of their disorder. They very often have low self-esteem.

Diagnosis

To make the diagnosis of social anxiety, it is necessary to make sure that the person presents a persistent fear of the situations in which he is exposed in the eyes of others (Bruce & Saeed 1999). The person with social anxiety is terrified of saying or doing anything that might cause others to think negatively about them. This fear will quickly become a permanent anxiety which will cause the person to avoid these situations through avoidance behaviors.

The healthcare professional may refer to the diagnostic criteria for social phobia appearing in the DSM V (Diagnostic and Statistical Manual of Mental Disorders - 5th edition) or ICD-10 (International Statistical Classification of diseases and related health problems -10th revision). He will conduct a specific clinical interview to look for signs of manifestation of this disorder.

Many scales, such as the Liebowitz social phobia scale, are available to physicians and psychologists (Heimberg et al., 1999). They will be able to use them to objectively validate their diagnosis and to assess the intensity of the social phobia presented by the patient.

A comprehensive history taking is conducted to find out:

- patient history;
- type of disorders, date of onset, possible trauma during the preceding months;
- accompanying signs and associated disorders (neuro-vegetative signs, irritable bowel syndrome, headaches, etc.);
- Intensity and frequency of symptoms;
- Presence of comorbidities, especially symptoms of depression, multiple anxiety disorders, bipolar disorder or somatic comorbidities;
- Previous treatments (drugs and psychotherapy), their efficacy and tolerability;
- Impact of the anxiety disorder on family, social and professional life, use of psychotropic drugs, impairment of cognitive functions, quality of life;
- Patient's wishes.

Given that anxiety disorders may present with a variety of symptoms, additional examinations may be carried out along with history-taking and clinical examination in order to eliminate any organic disease (cardiac, pulmonary, endocrine, neurological, gastro-intestinal, hematological, cancer, etc.).

There is no blood test for diagnosing anxiety disorders.

Once the diagnosis has been confirmed, it is essential to look for any risks of self-harm or suicide and to evaluate whether hospitalization may be required

Prevalence

The lifetime prevalence of social anxiety varies between 3 and 13% depending on the classifications used, the degree of disability required and the variety of social situations explored during epidemiological surveys (Bandelow & Michaelis 2015). Studies in the general population have shown a predominance of women with social anxiety since they report a sex ratio of 3 women to 2 men (Asher et al., 2017). Social phobia begins in adolescence with a median starting age of 16. But many studies report earlier beginnings in life. An appearance of the disorders beyond 25 years is unusual (Beesdo et al., 2009). The decrease with age in social anxiety in the general population suggests that a majority of social phobias improves after the age of 35, i.e. after an average of 20 years of evolution, this decrease with age being more significant in humans (Asher et al., 2017).

Social phobia or stage fright

When we do not exercise a profession that requires us to speak regularly, to debate or to argue in public, we are all confronted with stage fright. Who does not remember being very scared on the day of an oral exam or a defense? This state is completely normal. Moreover, this important anxiety which appears before the event in question disappears quickly after its occurrence. In the context of social anxiety disorder, anxiety does not decrease, but it can increase during the event and can even sometimes lead to a panic attack causing loss of all means and all possibility of performance and success (Bystritsky et al., 2013). Shame invades the person after the presentation. Finally, the fear that this unfortunate event will repeat itself invades the thoughts of the social phobic person even long after the event.

Causes

At present, it seems that neurobiological, educational, environmental and psychological factors come into play in the onset of social anxiety. Although no gene has been clearly identified, studies highlight a family risk. If one member of a family suffers from a social anxiety, it is more likely that another member of that family has the disorder, than in a family where no one does. A study conducted on identical (monozygotic) twins shows that if one of the twins suffers from social anxiety, there is a 12.6% chance that his twin will also have it (Moreno et al., 2016). This probability increases to 9.8% if they are different twins (dizygotic). Other studies highlight hormonal disturbances in people suffering from social phobia and reveal a hormonal level of cortisol (stress hormone) disturbed in social anxiety (Elnazer & Baldwin, 2014). Research has also focused on the disruption of neurotransmitters in social anxiety; they reveal hyperfunction of the noradrenergic system and hypoactivity of the dopaminergic system (Liu et al., 2018).

Education and the environment also seem to play a role in the occurrence of social anxiety. Studies show that social anxiety often come from families in which there is little interaction with the outside environment (Brook & Schmidt, 2008). In their childhood, they would have often benefited from parental overprotection which would not have encouraged them to come into contact with others. Finally, there is often a traumatic experience related to exposure to the gaze and evaluation of others which may have precipitated the onset of this disorder

Associated disorders

People who suffer from social anxiety often have other associated psychological disorders, such as:

- another anxiety disorder such as erythrophobia (fear of blushing in public) or agoraphobia (fear of crowds);
- depression;
- low self-esteem;
- excessive consumption of substances with anxiolytic properties, such as alcohol;
- a personality disorder of the “avoidant personality” type.

In terms of chronology of onset, social anxiety precedes the onset of bipolar disorder in more than 90% of cases. This association would understandably increase addictive comorbidity (Spoorthy et al., 2019).

Complications

The repercussions of this anxiety disorder on the social sphere (reduction of leisure activities or difficulties in having romantic relationships) and on the professional sphere (difficulties in attending meetings or interacting with colleagues) is notable (Yen et al., 2012). The quality of life of these people is degraded. In rare cases, this disorder, normally present in very specific

situations, such as speaking in front of an audience or eating in public, can be generalized to all situations of social interaction and performance in public (Blöte et al., 2009). We then speak of generalized social anxiety.

Link between assertive behavior and social anxiety

Assertive behavior enables a person "to do the best in their best interests, to defend their point of view without undue anxiety, to express their feelings sincerely and comfortably, and to exercise their rights without denying those of others (Chambers, 2009). Assertiveness disorders result in an excess or a defect in this type of behavior: an excess of assertiveness (to the detriment of others) can sometimes lead to violent or manipulative behavior; Conversely, a noticeable lack of assertiveness can lead to inhibited behavior, low self-confidence, and eventually lead to depression. These latter types of disorders appear to be comparable to those seen in patients with social phobia and anxiety (Ahmadi et al., 2017). In this context, it was developed the psychobiological theory of social rank. This theory suggests that social anxiety is triggered by the mechanisms originally involved in submissive behaviors. These submissive behaviors would have been intended, from a phylogenetic point of view, to maintain a primitive social hierarchy.

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