

PSYCHOPATHOLOGICAL CLASSIFICATIONS AND PROVISIONS (BMHP6029_LON)

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SOCIAL ANXIETY DISORDER

(ICD-11 6B04)

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1. Definition

Social Anxiety Disorder is a long-lasting and strong fear of social or performance situations. People with social anxiety disorder worry a lot about being judged, embarrassed, or humiliated. People may avoid social interactions or go through them with a lot of stress. It is recognised when these feelings seriously affect social, school, or work life. The disorder is defined in the official ICD-11 guidelines (World Health Organisation, 2019).



2. Classification & Prevalence

Classification:

- Falls under Anxiety Disorders in ICD-11
- Shares traits with other anxiety conditions but is mainly linked to social situations. (World Health Organization, 2019)

Prevalence:

- One of the most common anxiety disorders worldwide
- Lifetime prevalence is estimated to be between 7–12% across different people. (Morrison and Heimberg, 2013; Leichenring and Lewke, 2017)

Onset and course:

- Usually starts in early adolescence
- Often continues into adulthood if not treated
- Can greatly affect education, relationships, and work (Leigh and Clark, 2018)

3. Causes

Biological factors:

- Genetic predisposition can make people more vulnerable to anxiety disorders.
- Changes in brain activity in areas linked to fear and threat perception. Leichenring and Lewke, 2017)

Psychological factors:

- Negative thinking patterns, like fear of judgment and rejection
- Increased self-focused attention during social interactions (Morrison and Heimberg, 2013)

Environmental factors:

- Experiences like bullying, criticism, or social rejection in early life
- Overly controlling or critical parenting styles (Asher, Asnaani, and Aderka, 2017)

4. Symptoms

1. Intense fear or anxiety in social situations
2. A constant fear of embarrassment, rejection, or humiliation (American Psychiatric Association, 2022)
3. Negative self-beliefs and too much self-criticism
4. Worrying and overthinking after social interactions (Jazaieri et al., 2015)
5. Sweating, trembling, fast heartbeat, and muscle tension
6. Blushing, nausea, or dizziness in social situations (Leichenring and Lewke, 2017)
7. Avoiding social or performance situations
8. Using safety behaviors (like avoiding eye contact or speaking little) (Morrison and Heimberg, 2013)

5. Diagnosis

Key diagnostic features:

- Continuous fear of social situations where one might be judged
- Anxiety that is greater than the actual threat
- Significant distress or trouble in daily life

Assessment methods:

- Structured clinical interviews by professionals
- Validated self-report questionnaires and screening tools

Differential diagnosis:

- Distinguishing from normal shyness or introversion
- Differentiating from other anxiety disorders or depression (Morrison and Heimberg, 2013)

6. Current Services and Treatments

- Psychological interventions: Cognitive Behavioral Therapy (CBT) is the main treatment. It helps challenge negative thoughts and reduce avoidance behaviors (Hofmann and Otto, 2017).#
- Exposure-based approaches: These involve gradual and controlled exposure to feared social situations. They help reduce anxiety and improve coping over time.
- Pharmacological treatments: SSRIs are often prescribed to manage symptoms. They are effective for moderate to severe cases (Mayo-Wilson et al., 2014).
- Service provision: It is provided through primary care and mental health services. Also, there are more online and remote therapy options available.
- Emerging approaches: New interventions focus on emotion regulation. Mindfulness-based therapies can improve self-awareness (Jazaieri et al., 2015).

7. Historical Perspectives and Treatments

Early perspectives:

- Often seen as extreme shyness or a personality flaw.
- Not widely recognized as a mental health condition.

Medical evolution:

- Greater recognition began in the late 20th century.
- Inclusion in ICD helped improve understanding and diagnosis.

Past treatments:

- Few structured psychological therapies were available.
- Treatment approaches were limited and sometimes ineffective.

Contemporary shift:

- A move towards evidence-based psychological and medication treatments.
- More awareness among professionals and the public.



8. Recommendations

1. Improve early identification in schools, colleges, and universities.
2. Increase access and funding for mental health services.
3. Create public health campaigns to reduce stigma and misinformation.
4. Promote culturally sensitive and inclusive treatment.
5. Expand digital mental health services to help underserved populations.

9. Conclusion

Social Anxiety Disorder is a common and often challenging mental health issue that affects daily life, relationships, and overall well-being. Our understanding of this disorder has changed over time, moving from early misunderstandings and stigma to a more accurate, evidence-based view in clinical practice. There are effective treatments available, especially cognitive behavioral therapy (CBT) and medication, which can help reduce symptoms and improve daily functioning. However, stigma, lack of mental health knowledge, and inequalities still make it hard for many people to get the care they need. So, it's important to keep improving mental health policies, raising public awareness, and providing early intervention and services to ensure everyone has fair access and better outcomes.

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