

The Prevalence of Social Anxiety: Mental Weakness Classified as Social Anxiety Disorder

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Introduction

This study focused on investigating the prevalence of Social Anxiety Disorder (SAD) in Northern New Mexico. “Social anxiety, which refers to self-presentational apprehension about being negatively evaluated by others in social interactions, primarily arises from lack of confidence in self-presentational skills” (Lee-Won, Herzog, & Park, 2015, p. 568). Presenting symptoms of SAD include persistent fear (of embarrassment or humiliation), stuttering, social phobia, paranoid thinking, and avoidant behaviors (Avramchuk, 2018; Khalid-Khan, Santibanez, McMicken, & Rynn, 2007; Lee-Won, Herzog, & Park, 2015; Menzies et al., 2019; Miloyan et al., 2017; Pisano, 2016; Taheri, Amiri, Birashk, & Gharrayi, 2016). SAD negatively impacts the life of individuals who suffer from this mental disorder at a professional, educational, and economic level (Avramchuk, 2018), and is believed to have comorbidity with other common disorders such as Alcohol Use Disorder (Miloyan et al., 2017) which increases the probabilities of the commonness of this mental illness. Treatments that have been used to alleviate the symptoms of SAD include Cognitive Behavioral Therapy and Behavioral Activation Therapy as individuals and group therapy (Khalid-Khan et al., 2007; Menzies et al., 2019). The purpose of this study was to better understand how the mental health of people can be affected by the opinion of others, especially at a young age. A major focus of the research was to analyze the

findings by Pisano et al., which suggest, “that people experiencing high levels of social anxiety are more likely to present with paranoid thinking, and the more severe the anxiety is, the more frequent and intense the paranoid thoughts are” (p. 796). The objective of this study was to investigate the perceptual power of labeling by others and how shyness may contribute to a self/mis/overdiagnosis of SAD.

Results

All three of the participants described their experience with avoidant behaviors as “nervousness and fear of both being embarrassed or humiliated” as well as being perceived as incompetent or “not good enough.” While shyness played a role in the lives of all the participants involved in the research, only two of them identified as being shy during their childhood. The effects of shyness may disappear with age but may also appear during adult life in people who did not identify as a shy person during childhood.

The data showed interconnectedness between low self-esteem and avoidant behaviors in those who identified as being shy. Those who identified as being shy at a younger age, described their experience performing in front of strangers as fearsome. Some of the symptoms mentioned were “butterflies in the stomach, nervousness, feeling of not being capable of doing it (not being competent) and paranoid thoughts”. While shyness may or may not persist through adulthood, it increases

the possibilities of a person to develop SAD.

All the participants had previously experienced fear during various scenarios which included the possibility of being publicly embarrassed. This fear appeared to be intensified by the lack of confidence of the individual, which is to be regarded as a product of a person’s low self-esteem.

We must give a moment of our attention to the possible contribution of our cognition in respect to the development of a mental illness. According to Taheri et al. (2016), “The way you think is the way you feel” (p. 295). The analysis of the data shows that the participants were greatly affected by the evaluation and opinions of others as well as their own negative evaluation (realistic or unrealistic). The opinion of others can trigger anxiety symptoms, including but not limited to, paranoid thoughts, self-evaluation, low self-esteem, stress, and fearsome emotions in individuals who are only shy, thereby leading a person to accept a mis/self-diagnosis which ultimately becomes a self-fulfilling prophecy. The cognition of the participants appeared to be greatly affected by their negative and unrealistic thoughts about the opinion that others may have about them, but that the person (the participant) himself perceived in his mind without the input of others.

While one of the participants showed no signs of her functioning at work being impaired by the effects of social anxiety, the other two had more difficulties coping with the fear of

possible scrutiny. Participant number two said to completely avoid class during his college education which resulted in him dropping out. The third participant believed not to be able to dress formally for which the participant avoids certain places and events. This type of phobias serve as examples to show how SAD negatively impacts the life of people at an educational and professional level. This indicates that those who suffer from SAD are also affected economically by not accomplishing their goals because of this mental illness.

Discussion

The analysis of the data indicates the interrelation between shyness and lack of confidence. Lack of confidence which usually results from having a low self-esteem appeared after fearful and humiliating situations in which the person was criticized and/or bullied. The overall findings indicate that those who identify as shy individuals have higher possibilities of developing SAD. Shyness is more likely to develop early in childhood when a child is more likely to experience persistent fear, selective mutism, or avoidant behaviors (Khalid-Khan et al., 2007), however, shyness may develop during adulthood for certain individuals. A person who identifies as being shy, may develop SAD depending on their confidence which strongly reflects on the cognition of the individual.

Limitations to the research include the current pandemic we are in, which prevented me from conducting the interviews in a formal setting.

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