

Social Anxiety Disorder: Individual Differences and Treatment

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Abstract. With the gradual development of human civilization and social environment, as well as the increasing content, the residents do welcome a good living environment and the living standard has been upgraded to a higher level. But social progress can sometimes have negative impacts such as increased levels of social anxiety disorder among the general public. These effects can remain in the public mind for a long time and to some extent put people in a negative state of mind. However, patients will always let other seemingly more important matters dilute the impact of social anxiety in their minds. It was only when it was realised that the condition was seriously affecting their ability to synthesize speech that they started trying to intervene. To a certain extent, psychologists sometimes have to pay attention to these mental illnesses that are widespread around the population of the society, and from time to time, face them with a positive attitude and human intervention. Therefore, by collecting data and information from multiple sources and analysing the content, this paper explores the causal features of social anxiety disorder and the corresponding mainstream treatment measures or methods of response. Finally, cognitive behavioral therapy and medication were introduced. The final recommendations provide direction for future research. Empirical summary reporting and review of social anxiety disorders and presentation of treatments focuses on meta-analyses to summarize current available results and reports using objective methods and data. In conclusion, related practitioners and researchers should better understand social anxiety and plan for the future.

Keywords: Social Anxiety Disorder, Gender differences, subclinical social anxiety, Pharmacological treatment, CBT treatment.

1. Introduction

With the progressive development of society and the enrichment of content in people's daily lives, a portion of the population believes that the pace of life is much faster than ever before, and that they may be able to get more work need to be done in the same amount of time than ever before. This has led to a greater prevalence of anxiety due to the stress of school and work. These anxieties slowly pile up and evolve later in life, causing people to become negative and depressed, thus reducing their interaction with the outside world. These symptoms of "strangeness" and "resistance" or "antipathy" to the outside world are also widely known as social phobia or social anxiety disorder [1]. Symptoms become particularly significant when people are engaging in social behaviors. Anxiety patients often choose to avoid too much socialising in order not to be discriminated against by those around them, which may put them out of their misery for a while. Nowadays the society cannot afford to take social anxiety disorder seriously, often a very high prevalence is followed by a very low diagnosis rate, which is why it was important for the author to carry out this research to begin with. The latter part of the article focuses on the two different treatments and some of the possible drawbacks of these modern interventions and recommendations for measures. In making an assessment of the past, it is natural to look for lessons and shortcomings in experience, to look forward to future development and progress, and to do what one can to provide some help and conclusions.

2. Definition

Social anxiety disorder (SAD) is also called social phobia by numerous psychologists. SAD has always been a very common mental illness and mental disorder. In the DSM-IV statement, social anxiety disorders are often not influenced by the age factor, instead limiting the diagnostic criteria

and definition of symptoms in the direction of those adults and children who are able to establish social and interpersonal relationships with those around them. It is worth noting that in some articles, some modern psychologists have found that children's social anxiety may also be accompanied by age-related characteristics, such as endless crying and pouting or an unresolved silence and fear of strangers. The inclusion of Social Anxiety Disorder in the International Classification of Diseases (ICD) recognizes SAD as a common and typical psychiatric disorder that negatively affects its patients. On the one hand, the patient usually avoids and refuses to go to a public place with an unfamiliar atmosphere or to a place with a high volume of people, and such a place is usually rejected by the patient, probably in order to avoid contact with unfamiliar people and things or to make new friends, which the patient is usually unwilling to do [2].

When the authors look back at the past diagnostic experiences of many psychologists and therapists as well as the papers and reports available on the Internet or in popular magazines, the authors may find that there are only a few articles and data documenting important and valuable research on social anxiety disorders, especially on the gender-specific differences in the characteristics of ASD disorders. One part of the answer given by psychologists is that it is because they, the psychologists, prefer to work on other conditions, sometimes because they have more experience on other sectors, and sometimes because they think they should spend more energy and time on treatment and intervention research that focuses on the mental illnesses that affect people's lives more than others. Of course, there is also a small number of scholars who believe that studying social anxiety disorders along with some of the other comorbid disorders would bring greater value and importance.

3. Gender Differences

Although there are few articles reported on social anxiety disorder and gender factors in years of epidemiological studies, it is still possible to draw a relatively rigorous conclusion from the prevalence rates and clinical presentations in the literature: taking into account the two major factors of gender and age, the probability of prevalence of SAD in girls aged 10-14 years old is higher than the incidence and lifelong prevalence rates of boys in the same age group.

The authors of some articles clearly show their opinion that the psychological state of people in this period (adolescent puberty) may be affected due to the level and fluctuation of hormones in the body and disruption of the internal secretory system. But even though women are sometimes slightly more affected and harmed by SAD, the big data still shows that a much smaller percentage of female patients are willing to go for SAD treatment. On the other hand, more men are willing to go for SAD treatment, and most female patients are highly likely to divert their energy and attention to the treatment of mental illnesses that they feel generate more negative emotions, for example the PTSD [3].

3.1. Behavioral Manifestations in Socialization

People with social anxiety disorder rarely initiate a group or start a new relationship with friends, and SAD sufferers often experience a persistent and distinct feeling of helplessness and a sense of dread when they enter a new environment, whether it's a public lecture at a university or a meeting or party at work, which also drastically reduces the patient's productivity and worsens their state of mind. The reason for this problem is that socially anxious people are often not confident enough in themselves, and patients may suffer from a range of silences and shyness due to the fear that they will cause trouble for others or that they will be unpopular. They sometimes become emotionally intense in unfamiliar places, with rapid heartbeat, inability to concentrate, trembling limbs, and sweating on the forehead. This is a typical state of anxiety, unthinkingly worrying about their own imperfections and flaws, thus leaving themselves always hanging with negative evaluations. Put themselves in a difficult situation.

4. Treatments

4.1. Prediction of Response to Cognitive Behavioral Therapy Treatment

Cognitive Behavioral Therapy (CBT) is also an intervention with unique features in the psychotherapeutic approach. Unlike medication or physical therapy, CBT is designed to have the patient work with a therapist, which can be thought of as a team, to help the patient learn some of the cognitive behavioral skills that may be used in interpersonal interactions. This usually requires a certain amount of time and effort on the part of the patient and the therapist to get through this period [4].

In this article, the authors go on to provide a comprehensive review of CBT therapies in a succinct format, mainly by referring to the earlier literature and research studies on CBT for SAD, as well as the results of meta-analyses, etc. Group therapy is a cognitive-behavioral intervention aimed at addressing social anxiety disorder. Typically, a psychologist will place the patient into a group of six to follow the therapist's guidance and training as a small group.

The therapist then takes the patient with him or her through a number of planned task assignments and challenges, such as relaxation training, which is a very classical segment. Learning how to take deep breaths is a helpful skill, one that allows people with social anxiety to learn to relax themselves first when things go beyond expectations. Going deeper, a person can only engage in some controlled and rational behavioral activities when they are at peace within themselves[5].

In addition to this, there is training in cognitive restructuring, an ability to help patients quiet their minds and look at themselves. In earlier times, it was widely believed in academia that patients had inaccurate beliefs or ideas about their environment that led them to develop social anxiety disorder. So if the therapist is able to help the patient to remove negative perceptions and attitudes about the situation around them, then ideally, the patient will also get much better [6,7].

The last method is to help patients improve their social skills. Of course, this is only if the therapist finds that the patient has some behavioral deficits, such as averting their eyes when interacting with others, or not being in a good state of mind when talking, and so on. The therapist needs to help them find out the causes of their deficits and develop a series of measures according to the different situations of different patients.

4.2. Pharmacologic Treatment in SAD

From the end of the last century or so, when the scientific and technological aspects of human society and biopharmaceuticals were progressively developing and already had a certain foundation. Psychologists and therapists are beginning to put their hopes in this newly born treatment to help patients with social anxiety disorder.

Since the wave of medication has become a hot topic and approach, many psychologists have begun to collect all of the articles that can be found in databases from the 1980 until recent years regarding the treatment of SAD through medication in order to conduct an effective search for information. Placebo-controlled trials have evaluated the efficacy of several medications in the treatment of social anxiety disorder but information regarding their relative efficacy is lacking [8].

Pharmacotherapy is different from other programs, the author most of the time need to consider the limited time to carry out a sufficient amount of data collection and generalization, rather than to decide how many types of clinical trials to be conducted in a short period of time, because there is always a certain amount of uncertainty and risk in this act, and then the data collected may also be due to a number of factors or small variables that may lead to the results not yet accurate, which will lead to an error in the conclusions of the study. conclusions to be in error. This is something that participants do not want to see. So in this article report, the authors have used meta-analytical techniques to carry out the study and summarize the therapeutic effects of the drugs in a relatively systematic and complete manner. To be more specific, manual searches of published articles or manuscripts and bibliographies in existing databases are performed to summarize some valid data.

Through a review of previous treatment data as well as clinical records, the five agents, phenelzine, clonazepam, gabapentin, bromfaromine, and selective serotonin reuptake inhibitors, are the most recognized by therapists. Although these different divisions of medications did not differ statistically, nevertheless, after conducting a meta-analysis, the results showed that SSRIs have the most potential to become clinical therapeutic medications [9]. However, the stability and safety of SSRIs also need to be supplemented with other additional conditions, rather than being fixed.

The fact is undeniable that the medical community or therapists insist on believing that the most effective medication for treating social anxiety disorder is still phenelzine. Four studies of mixed populations showed phenelzine to be more effective than a placebo for patients with a diversity of phobias including social anxiety disorder [10].

4.3. Discussion and Suggestion

It cannot be ignored that there are still very serious problems and shortcomings in these summaries of treatment methods and approaches. The first thing that needs to be realized is that there are parts of both CBT therapy and pharmacotherapy that psychologists need to work on in the future.

The first is an evaluation of cognitive behavioral therapy. By analyzing prior clinical records, the authors recognized that CBT has some interventional effects on the treatment of social anxiety disorder, but it is undeniable that the data still documents that many patients treated with CBT do not experience significant change or alteration. As some articles focus on the additional variables that may be encountered while undertaking treatment with CBT and the impact of these variables on the overall outcome of the treatment. The simplest example of this is that therapists conducting CBT with adolescents are only adapting interventions that are commonly used with adults based on previous experience. The overall clinical experience and data are not sufficient to fully address the issues that psychologists may face.

The second panel is about the shortcomings in pharmacotherapy. At its beginning, the pharmacological treatment approach could only provide a faint idea, a concept, or a point of support. The specific reason for this may be due to an essential weakness in the methodology, where the therapists cannot blindly advise the patient on medication. Or that there is severe heterogeneity in the samples to which psychologists are exposed, so clinical implementability is low. Just for example, in some of the earlier studies.

This last point is also an important one that is often overlooked. Because the psychologist's target patients are a group of people who suffer from social anxiety, shouldn't the most important thing for the psychologist to consider be how to find these patients? Because the patients' own psychological deficits make them struggle to get treatment from time to time. Patients may be overly concerned with the attitudes of those around them, or they may be reluctant to go to an unfamiliar setting to find an unfamiliar therapist for a period of time, which causes the therapist to be unable to locate their patients at all [11].

The good thing is that after the continuous development and improvement in the past few years, the theoretical basis of pharmacological treatment and clinical experience have produced a qualitative leap. On the one hand, the typical population of non-subtypical social anxiety disorder can also be encountered incidentally at some speaking engagements, such as those in some universities seem to be a good place to explore.

5. Conclusion

In summary, the beginning of the article outlines social anxiety disorder containing causes, effects, treatments (CBT therapy and medication therapy), and suggestions for future development. In the results and discussion section, this article provides several view points on the possible reasons for the occurrence of social anxiety disorders, its effects on the individual, and some of the commonly used treatments. Additional discussion of known shortcomings is placed at the end of the article, in other words also at the same time clarifying the way forward. In conclusion, social anxiety disorder is worth

learning and exploring, but it is also important to be aware of these shortcomings and the flawed inadequacy of treatments.

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