

Social Anxiety Disorder in the College Demographic - prepared by Loreen Nariari – Spring Semester 2010

The purpose of this document is to shed light on the often misunderstood illness, Social Anxiety Disorder, particularly in the college demographic, and how students at Weber State who suffer from it can best address it by making use of the university's amenities.

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Consider the following fictional scenario:

Two weeks prior to a new semester

It is two weeks before the beginning of fall semester at Weber State and Jamie, a full-time student in her junior year, is overly apprehensive of the semester ahead, but not for the reasons one

might expect and definitely not within the conventional range of “pre-semester jitters”. Jamie has all her affairs in order; classes have been enrolled in, textbooks and stationery have been purchased and even her tuition has been paid. Convention dictates that as far as school related matters go, she need have nothing to worry about.

One might expect new semesters to be something she is accustomed to, considering that she is a junior and has at least five under her belt. However, the situation is quite to the contrary. With the start of every semester, Jamie is plagued by feelings of intense fear and anxiety and once the semester begins her anxieties multiply ten-fold.

On the first day, she knows she will probably be expected to briefly introduce herself to the class, and the very thought sends an intense wave of nausea over her. Couple that with the knowledge that participation points will account for a certain percentage of her grade and that there will be randomly assigned in-class group discussions, perhaps even an oral presentation, and Jamie’s pulse is racing and tiny beads of sweat start to form on her brow.

Six weeks into the semester:

So far in all her classes, Jamie has been steadily avoiding the gaze of professors lest she be called on to answer a question (even though she usually knows the correct answer). She has also skipped classes on the days when she knows there will be some kind of group discussion involved, and if she ever happens to be present during a group discussion, she sits quietly and does not dare utter a word. On those rare occasions when she *does* contribute to the discussion (at the insistence of her fellow group members), she is usually trembling or blushing profusely while doing so. Jamie also has every intention of being absent on the day of her oral presentation although she is well aware of the repercussions that will have on her grade.

The above scenario depicts the manifestation of Social Anxiety Disorder (SAD) also known as social phobia, in a college student. According to the [National Institute for Mental Health](#), SAD is an anxiety disorder characterized by overwhelming anxiety and excessive self-consciousness in everyday social situations. Individuals who suffer from it fear being watched and judged by other people and doing things that will embarrass them (National Institute of Mental Health, 2010). As a result their work, educational pursuits and other day to day activities suffer. It is important to note that this fear is irrational. The realities of social phobia are all the more stark for the college demographic, as shown above, given the amount of exposure these students have to the situations they fear most. If SAD in college students is allowed to run unaddressed, the quality of the college experience, both educational and social, is diminished for those students who suffer from it.

Causes of Social Anxiety

Although the [Centre for Clinical Interventions](#) website concedes that there is no definitive cause of SAD, it cites twin and family studies that evidence a genetic component to the illness. It also offers psychological factors that can be influential in developing an anxiety disorder.

The factors they cite are a person's lifestyle, the types of life stressors they have encountered and their early learning. To illustrate this they give the example of a child who is taught to fear certain neutral situations such as social events, and when they do not unlearn these behaviors, they develop certain thinking and behavioral patterns which could culminate in an anxiety disorder.

Symptoms of SAD

On its website, the Mayo clinic has a detailed list of [symptoms](#) that accompany SAD and has characterized them as emotional & behavioral and physical.

The following are the emotional & behavioral symptoms of SAD:

- Intense fear of being in situations in which you don't know people
- Fear of situations in which you may be judged
- Fear that others will notice that you look anxious
- Anxiety that disrupts your daily routine, work, school or other activities
- Avoiding doing things or speaking to people out of fear of embarrassment
- Avoiding situations where you might be the center of attention

The following are the physical signs and symptoms of SAD:

- Blushing
- Profuse sweating
- Trembling or shaking
- Nausea
- Stomach upset
- Difficulty talking
- Shaky voice
- Muscle tension
- Confusion
- Palpitations
- Diarrhea
- Cold, clammy hands
- Difficulty making eye contact

The website further adds that people with SAD may suffer from low self-esteem, trouble being assertive, engage in negative self-talk, be hypersensitive to criticism and have poor social skills (Mayo Clinic, 2010).

Counseling for SAD

Given the nature of the illness, it is not uncommon for individuals with SAD to avoid seeking treatment for the obvious reason that they perceive they will be judged. It is important however to remember that SAD is an illness and should be treated as such by seeking medical help sooner rather than later. As it is a mental health disorder, it is best to consult with a mental health specialist, specifically a [psychologist, psychiatrist or mental health counselor](#) whose job it would then be to determine if the symptoms one was experiencing were indeed an indication of SAD, or as a result of an underlying condition. For example, profuse sweating, one of the more common physical symptoms of SAD, which could lead a person to be self-conscious, might be mistaken for SAD when in fact it could be a side effect of an underlying physical condition.

Here on campus, such help can be sought at the Counseling and Psychological Services Center located in the [Student Services Center \(room 280\)](#) where a staff of [qualified counselors and psychologists](#) are available to counsel students on a host of issues, SAD not being the least of which. Upon determining that a student does indeed suffer from SAD, it will up to the counselor to decide upon an appropriate course of action, most likely a series of counseling sessions, and at their discretion decide if medication (usually prescribed by a doctor at the recommendation of a psychologist) need be introduced. It is not uncommon for people with SAD to resort to self medication through alcohol and drug consumption. It is however important to note that although these may seem to offer a coping mechanism, if abused they only serve to create yet another problem: addiction.

On Campus solutions for students with SAD

As a student with SAD who is willing to take the necessary steps towards improving their professional, social and educational life, there are several things one can do. The first step would be to seek help through the channels mentioned above. Once the individual has made the necessary progress in counseling that affords them the confidence to take on bigger challenges, then there are plenty of opportunities both inside and outside the classroom at Weber State that can help one to achieve that goal.

The Communication Department, for example, offers an Interpersonal and Small Group class. The school catalogue gives the following description of it: COMM 2110- *“Explores the dynamics of verbal and nonverbal communication in personal relationships and small groups. The emphasis is on practical application of course content to enhance interpersonal relationships and to achieve competence as group members”*. With the class being organized into small groups, a person with SAD can cultivate a familiarity with his or her group members to the point of comfort while at the same time learning how to build and maintain personal relationships.

Weber State’s [First Year Experience program \(FYE\)](#) would also be an option a person with SAD might benefit from, especially in their first semester at college. It is not uncommon for freshmen or returning students to initially be overwhelmed (albeit in varying degrees) by the demands of college life and for a student with SAD, this new experience will only serve as an additional burden. That is where FYE comes in. Their webpage describes the FYE program as follows: *“First Year Experience (FYE) is a program that helps students explore, discover, and connect with the resources needed to succeed at Weber State. Whether the student has just graduated from high school or is coming back to school, FYE will help teach ‘the ropes’ of university life.”* If a student with SAD is equipped with the tools that will enable them to be prepared to handle college then that is one less thing they will need to worry about.

Although Weber State offers a host of online classes that will often serve as a safe haven for a student with SAD, it is advisable to challenge oneself to attend in-class lectures, if only for the opportunity to be able to apply the counselors advice to real life situations.

Weber State caters to the needs of a diverse student body. This is evident by the various groups on campus for whom numerous amenities have been made available. A student with SAD who is working on overcoming their illness might initially be more comfortable interacting with people whom he or she shares commonalities with. For instance a nontraditional student, who may feel out of place amidst a sea of fresh out -of-high school classmates, may find it much easier to interact with his or her own peers. They can find such kindred spirits at the [Nontraditional Student Center](#) (801-626-7764) located in the [Shepherd Union building](#) in room 322. Similarly, the [Multicultural Student Center](#) (801-626-7330) in the Student Services building, suite #150 and the [International Student Center](#) (801-626-6853) also located in the Student Services building will serve the same purpose for multicultural and international students.

On the [Counseling and Psychological Services Center homepage](#), under the self-help tab, there are two links that would be of benefit to a student with SAD. The first link is to Weber State's [relaxation group](#). The group meets once a week for a 45 minute "guided relaxation/meditation using a variety of techniques." The relaxation techniques they practice include: meditation, progressive relaxation, guided imagery and autogenic training, all of which are described on their website. The second link is to the [Stress management lab](#) at Weber State whose aim is to help the student population reduce its stress levels and as a result improve its overall health. As a student with SAD who is overwhelmed by the combined stress of college life and their illness, the stress management lab provides a place where that stress can be relieved. Their lab is equipped with massage chairs, chi machines, inversion tables, light and sound machines and emWave machines just to mention a few. The Stress management Lab is

located on the WSU Ogden Campus in the [Swenson Complex](#) on the second floor in rooms 60 and 61. It is directly across classroom 62.

It is also advisable for a student with SAD to keep in mind the [Clubs and Organizations](#) at Weber State when in search of social circles based on people with similar interests. The clubs are grouped according to the following demographics: Academic/Professional, Cultural, Fraternity and Sorority, Honor Society, Interest/Activity, Religious, Service and Advocacy and sports. Once again the idea of interacting with people one already shares a common interest with would be less daunting for a student with SAD than having to interact with complete strangers.

Confidentiality at the Counseling and Psychological Services Center

For a student with SAD who is worried about the nature of their illness being divulged to people other than the counselor or psychologist, it is important to know that as a mental health facility, it is the Counseling and Psychological Services Center legal and professional obligation not to disclose any of the client's information that is shared during the counseling sessions.

Self-help tips for managing SAD

SAD, being a phobia in nature, can be addressed by using some of the more common practices that are applied in the treatment of other phobias, for instance, visualization. *The Anxiety and Phobia Workbook* by Edmund J. Bourne says this about visualization: "Visualization is a method of deliberately using imagery to modify your behavior, the way you feel, and even your internal physiological state." (Bourne, 2000). The book credits athlete's peak performance to the practice of visualization and gives the specific example of a baseball player increasing his batting average through visualizing making perfect contact with the ball. The book then goes on to cite examples of trial lawyers, salespersons and students all having used visualization to their success. Visualization as referred to in the chapter is

meant for the purposes of reducing anxiety and Bourne suggests two particularly useful visualization techniques; Passive Muscle Relaxation & Sunlight Meditation

i. **Passive Muscle Relaxation**

This technique has a person imagine their muscles relaxing and beginning to unwind starting in their feet. The next step is to imagine that feeling of relaxation slowly progressing upwards to include the muscles around the eyes and in the forehead too. As one enjoys the feeling of relaxation, they should allow themselves to drift further into a state of tranquility (Bourne, 2000).

ii. **Sunlight Meditation**

This technique has the person picture themselves somewhere beautiful, outdoors with a gentle breeze blowing over them and the sun above them in the sky. The task is then to imagine the sun warming them with its rays and relaxing them as it moves over every inch of their body and consequently relaxing them (Bourne, 2000).

The purpose of relaxation is to reduce the anxiety that one feels when facing a feared situation. A more detailed, step by step explanation of these exercises can be found in Chapter 12 of *The Anxiety and Phobia Workbook* by Edmund J. Bourne, Ph.D. A copy of which is available at the Davis Campus library.

Another common approach to treating phobias that can be applied to SAD (which as mentioned above is a phobia) is desensitization. In his book, Bourne describes desensitization as “the process of unlearning the connection between anxiety and a particular situation” (Bourne, 2000). He adds that for desensitization to occur, the person entering the phobic situation needs to be in a relaxed state of mind, which is where the two relaxation techniques mentioned above come in handy. There are two kinds of desensitization, imagery and real-life.

iii. Imagery desensitization

The rationale behind this method is that repeatedly visualizing the phobic situation, which in the case of SAD is social interaction, allows the person to overcome their tendency to respond with anxiety to a feared situation. Imagery desensitization can either fully eliminate the need for real-life desensitization or can be a pre-cursor to it. Its success is contingent on the following:

- Your capacity to attain a deep stage of relaxation
- Constructing an appropriate hierarchy: a series of scenes or situations relating to your phobia which are ranked from mildly anxiety provoking to very anxiety provoking
- The vividness and detail with which you can visualize each scene in the hierarchy, as well as your peaceful scene
- Your patience and perseverance in practicing desensitization on a regular basis (Bourne, 2000)

A student with SAD, while in a state of relaxation, can visualize themselves making an unsolicited contribution to a class discussion over and over until the thought ceases to terrify them. Their hierarchy of visualization may look something like this:-

iv. Visualize:

1. Attending class especially on days when the subject matter is discussion-intensive
2. Paying attention to other students as they make contributions
3. Choosing to sit in a central location of the classroom within the professor's range of view
4. Making eye contact with the professor throughout the lecture
5. Making eye contact with the professor as they pose the question
6. Raising hand to give a comment

v. Real-life desensitization

Real-life desensitization can be viewed as the most pro-active effort towards combating phobias as it calls for a person to actually face the situation that causes them anxiety. It is also referred to as exposure therapy (Bourne, 2000). It is the treatment of choice for SAD. Bourne suggest that real-life desensitization comes in after a person has been practicing imagery-desensitization for two weeks or



when a person is halfway through their hierarchy. The obvious difference between real life desensitization and imagery desensitization is that the hierarchy prepared during the latter will now have to be followed in real life. Bourne also suggests enlisting the help of a “support person” to aid the person with SAD as they confront their fears.

The two main guidelines for this type of desensitization include setting goals and creating a hierarchy for each goal (Bourne, 2000). The goals that are set should be clearly defined and accompanied by timelines. For instance a student can say, “In 1 month I would like to be able to say hello to my neighbors in the dorms” or “In four months I would like to have attended four meetings for the club or organization I belong to”

Advice to students with SAD

The college experience is meant to be savored, not quietly observed from the outside. If you suffer from SAD or know someone who does, chances are that they are restricted by it and their educational and social life suffers as a result of it. If there were ever a time to seek help for SAD it would be in now. That way, nothing in college passes you by. You not only graduate from college with your diploma, but also with the knowledge of how to control your SAD and not vice versa.

Supplemental reading material

The following are a list of print resources that would be useful in providing a greater understanding of SAD:

- *The Worry Control Workbook* by Mary Ellen
- *Anxiety and its Disorders: The Nature and Treatment of Anxiety and Panic* by David H. Barlow
- *The Relaxation and Stress Reduction Workbook*. Third edition by Martha Davis, Elizabeth Robbins Eshelman and Matthew McKay
- *Fighting Fear: The Eight-Week Program for Treating Your Own Phobia* by Fredrick Newman
- *Your Phobia: Understanding Your Fears Through Contextual Therapy* by Manuel Zelt and Harry Milt

Conclusion

It would be misleading to claim that a person can ever be fully rid of their SAD. However, it can be said with certainty that through counseling, medication (if need be) and a concentrated effort on the part of the person with SAD to manage the disorder, a normal life can be led with more than satisfactory results, and a person's SAD can lie dormant indefinitely.

It is important to note that this document is not a comprehensive analysis of SAD but a small chip off a much larger rock. For a more in-depth discussion on SAD, see a [mental health professional](#).

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