

---

# THERAPY OF SOCIAL ANXIETY

---

Christian Jonathan Haverkamp, M.D.

**Social anxiety disorder can significantly reduce an individual's choices in life and the quality of life overall. Since communication is the process by which humans fulfil their needs, values and aspirations, its effectiveness is important for satisfaction, contentment and happiness in life. It is the main autoregulatory instruments, also in the psychotherapeutic process, to promote mental health. If interpersonal communication is interfered with by anxiety, these processes can no longer work effectively. As the individual withdraws further, the capabilities for needs fulfilment and autoregulation decline further.**

**Focusing on interpersonal and intrapersonal communication patterns can help to reverse the vicious cycle of social anxiety. Communication-Focused Therapy® (CFT®) provides a toolset, methodological and theoretical framework to facilitate the awareness for individual communication patterns and the interventions to improve them in line with the patient's needs, values and aspirations.**

Keywords: social anxiety, communication-focused therapy, CFT, CBT, psychodynamic psychotherapy, treatment, psychotherapy, psychiatry

## Contents

Introduction.....	4
Self-Image.....	4
External Image.....	5
Focus .....	5
Experiencing the Interaction .....	6
Transparency.....	6
Habituation.....	7
Social Network .....	7
Social Exclusion .....	7
Hierarchies .....	7
Technology .....	7
Symptoms.....	8
Measurement.....	8
Neurobiology.....	8
The Amygdala.....	8
Identity .....	9
Treatment.....	11
Cognitive-Behavioral Therapy (CBT).....	11
Psychodynamic Psychotherapy .....	12
Mindfulness-based stress reduction (MBSR) .....	12
D-Cycloserine.....	12
Communication-Focused Therapy® (CFT®) .....	13
Introduction.....	13
Communication as Autoregulation .....	13
Communication Patterns.....	14
Attention .....	14
Communication to Participate in Life.....	15
Understanding Social Anxiety and Shyness.....	15
Internal Communication .....	15

Uncertainty.....	16
Communication Deficits .....	16
Avoidance.....	16
Meaning .....	16
Awareness of Thought Patterns.....	17
Flow of Information.....	17
Emotional Reconnection .....	17
Experiencing the World.....	18
Communication Techniques.....	18
Breaking the Cycle of Anxiety.....	19
The Reward of Seeing More.....	19
Values, Needs and Aspirations.....	19
The Need for Communication.....	20
Meaningful Messages as the Instrument of Change.....	20
Embracing Change.....	20
Living .....	20
References.....	22

## Introduction

A person suffering from social anxiety disorder feels unwell in social situations and begins to avoid them, which can not infrequently lead to significant problems in daily life. Social anxiety is more than just shyness. According to ICD-10 guidelines, the main diagnostic criteria of social anxiety disorder are fear of being the focus of attention, or fear of behaving in a way that will be embarrassing or humiliating, avoidance and anxiety symptoms. (World Health Organization, 1992) The prevalence of 12-month and lifetime prevalence of social anxiety disorder is around 3% and 5%, respectively. (Grant et al., 2005) It is the most common anxiety disorder; it has an early age of onset—by age 11 years in about 50% and by age 20 years in about 80% of individuals—and it is a risk factor for subsequent depressive illness and substance abuse. (Stein & Stein, 2008) In a study by La Greca and Lopez on adolescents, girls reported more social anxiety than boys, and social anxiety was more strongly linked to girls' social functioning than to that of boys. Girls with higher levels of social anxiety reported fewer friendships, and less intimacy, companionship, and support in their close friendships. (La Greca & Lopez, 1998) Social anxiety disorder is also sometimes referred to as social phobia.

Functional neuroimaging studies point to increased activity in amygdala and insula in patients with social anxiety disorder, and genetic studies are increasingly focusing on this and other (e.g., personality trait neuroticism) core phenotypes to identify risk loci. (Stein & Stein, 2008) There are several psychological and psychopharmacological treatments (Haverkamp, 2017b) available. Communication-Focused Therapy® (CFT®) as developed by the author is an approach that targets the processes and patterns which are underlying interpersonal interactions. (Haverkamp, 2013, 2017a, 2018a)

## Self-Image

The sense of a stable self-image plays an important role in lowering social anxiety. The more confident one is oneself, and thus the more one is connected with oneself in a meaningful way, the lower the anxiety will be in interpersonal or social situations. Having a good and stable self-image requires connection with oneself, the ability to be open and receptive to information that originates within oneself, other than the information that is received from the external world through the sense, for example. Even though the distinction between the internal and the external maybe somewhat artificial, it is important to acknowledge that there are sources of information which are not in the external world. In some psychiatric conditions, such as in psychosis, this distinction between the external and the internal can get lost with potentially severe consequences.

How the internal self-image can affect the communication with others has been demonstrated by Hirsch and colleagues. One group was asked to hold in mind a negative self-image, while the other held in mind a less negative (control) self-image. When holding the negative image, the socially anxious

volunteers felt more anxious, reported using more safety behaviors, believed that they performed more poorly, and showed greater overestimation of how poorly they came across (relative to ratings by the conversational partner). Conversational partners rated the socially anxious volunteers' performance as poorer in the negative image condition. Furthermore, both groups of participants rated its quality as poorer in the negative image condition. (Hirsch, Meynen, & Clark, 2004)

## External Image

Social anxiety arises when individuals are motivated to make a preferred impression on real or imagined audiences, such as when one tries to portray an image to others one believes others want to see, or where a person believes there is an external benefit to making oneself appear with certain characteristics. This is inextricably linked to the fear that just being oneself is not good enough, that one will be judged in unpredictable and possibly harsh ways by everyone or a defined group of others.

The cognitive state of the individual can mediate both affective arousal and behavior. (Schlenker & Leary, 1982) At the same time, external factors within the environment can have an effect on how an individual thinks and feels in a given situation, which is also influenced by individual predispositions and traits. In clinical experience, the more an individual tries to adhere to portraying an external image that is believed to be required by external factors and other people, but which does not match with the individual's communication styles and personality traits, needs, values and aspirations, the less stable the interaction will become, leading to more anxiety and a mutually less satisfying experience. (Haverkamp, 2010, 2013)

## Focus

When it comes to the important role of information dynamics in the epigenesis of social anxiety, focus is an important mediator because it selects the information that becomes available in an interaction. Since all forms of anxiety arise from a deficit of meaningful information or unhelpful ways of processing it, social anxiety can be improved by helping a patient to learn more helpful ways in selecting and focusing on particular types of information.

Socially anxious individuals are excessively concerned about negative evaluation by others. And they often focus more on threat cues or imagined threat cues. In a study by Mansell and colleagues, high socially anxious individuals when compared to low socially anxious individuals showed an attentional bias away from emotional (positive and negative) faces when under conditions of social-evaluative threat. (Mansell, Clark, Ehlers, & Chen, 1999) As discussed above, this leads to a situation where less information is available to the socially anxious person, which does not help mitigate the social anxiety.

Socially-anxious individuals also have an increased number of negative cognitions and fewer positive cognitions, while situational factors appear to mediate the absolute level of reactivity. (Beidel, Turner, & Dancu, 1985) This probably turns the focus even more away from sources of information which could lead to a reduction in the anxiety, resulting in a vicious cycle in which social withdrawal and more

negative interpretation of interpersonal interactions and the environment overall leads to even more social withdrawal. In Communication-Focused Therapy® this cycle can be broken by working on the communication patterns the individual uses, which are the structural entities that facilitate the information flow to him or her.

## Experiencing the Interaction

Common in social anxiety is the fear that everyone is looking at me and thinking about what I think and how I feel. A person suffering from social anxiety takes great pains to not only try to follow the dynamics of an interaction but at the same time to interpret what the partners to an interaction are thinking and feeling about the own person. While individuals with social anxiety are often quite perceptive and sensitive to various channels of information, this can lead to an information overload, which as a result makes them turn away from the interaction, which increases the anxiety even to a higher level. Communication-Focused Therapy® attempts to reverse this vicious cycle by developing awareness for communication patterns and information flows and practicing communication in a way that leads to fulfilment of own needs, values and aspirations.

## Transparency

Being able to give oneself the permission to practice greater openness in communicating with others is an important of overcoming social anxiety. However, many people suffering from social anxiety already believe that they are overly transparent to others, that others can see what they are thinking and feeling, such as the anxiety or negative feelings, such as anger or frustration, which could interfere with the social bond from the interaction. What they feel on the inside they believe they communicate to the outside world. Individuals with social anxiety are often quite sensitive, although their perception tends to be more negative than in someone not suffering from this condition. Depression with anxiety can mask as the 'pure' social anxiety disorder.

Interesting is that studies suggest that socially anxious individuals remember more negative memories than those less distressed. This may either have a biological explanation or be a learned phenomenon. However, since social anxieties do seem to run in families at least partially, there may be a biological explanation to it. A 2006 study found that the area of the brain called the amygdala, part of the limbic system, is hyperactive when patients are shown threatening faces or confronted with frightening situations. They found that patients with more severe social phobia showed a correlation with the increased response in the amygdala.

## Habituation

Habituation is the process by which through a 'getting used' to an anxiety or fear inducing stimulus the psychological and physical reaction to it decreases. One becomes less anxious or fearful in the face of information that otherwise induced anxiety or fear, such as the visual input that one is looking out high up on a tall building, if one exposes oneself repeatedly to the information. Social anxiety involves social cues that can induce anxiety. The latency at which habituation occurs, however, seems to be different in individuals that are suffering from social anxiety. (Beidel et al., 1985)

## Social Network

Various aspects of social relations uniquely contribute to feelings of internal distress. In a study by La Greca and Harrison with adolescents, crowd affiliations (high and low status), positive qualities in best friendships, and the presence of a dating relationship protected adolescents against feelings of social anxiety, whereas relational victimization and negative interactions in best friendships predicted high social anxiety. In contrast, affiliation with a high-status peer crowd afforded some protection against depressive affect; however, relational victimization and negative qualities of best friendships and romantic relationships predicted depressive symptoms. (La Greca & Harrison, 2005)

## Social Exclusion

Baumeister and Tice's social exclusion theory of anxiety proposes that a primary source of anxiety is perceived exclusion from important social groups. The relationship between perceived social exclusion and social anxiety, jealousy, loneliness, and depression. Self-esteem can moderate reactions to perceived exclusion. (Leary, 1990)

## Hierarchies

Social rank theory (Price and Sloman, 1987; Gilbert, 1989, 1992) argues that emotions and moods are significantly influenced by the perceptions of one's social status/rank; that is the degree to which one feels inferior to others and looked down on. A common outcome of such perceptions is submissive behavior. Gilbert showed in a study that shame, social anxiety and depression (but not guilt) are highly related to feeling inferior and to submissive behavior. (Gilbert, 2000)

## Technology

Increasing the number of available communication channels, such as adding communication via the Internet, should help reduce the sense of isolation rather than increasing it. However, this has been

hotly discussed. A study by Caplan supports the hypothesis that the relationship between loneliness and preference for online social interaction is spurious, and that social anxiety is the confounding variable. (Caplan, 2007) Communication means offered by the Internet are tools to interact with humans or human-designed programs in a meaningful way. It depends on what the individual makes out of them.

A 'reduced channel' communication offered, for example, by online chats or social networks may make it easier for a person suffering from social anxiety to connect with others, but to do in a less anxiety provoking and non-threatening way. As long as it is seen as steps on the way towards overcoming the social anxiety and adding more channels of communication, according to the individual needs, preferences and aspirations, it can be even helpful. For many people suffering from social anxiety the step from no communication to full interpersonal interaction in subjectively experienced high stakes settings can be too high. Online dating platforms, for example, can make it possible for people to go on dates who would otherwise never been able to do so.

## Symptoms

Social anxiety often leads to physical symptoms that can worsen the vicious cycle of trying not to appear nervous and anxious, but by 'fighting' to do so the nervousness and anxiety just keep on getting worse. In adults, feelings of social anxiety may be associated with tears, blushing, excessive sweating, nausea, difficulty breathing, shaking, and palpitations. They are somatic manifestations, though often experienced much more intensely subjectively than observed objectively, of the fight-or-flight-response, which is largely hardwired into our brains. Since as we have discussed previously, social success is as much a matter of survival as finding food or warding off an attacker, anything that seems to interfere with it can lead to negative emotional states, such as anxiety.

## Measurement

The clinically most commonly used questionnaire to assess social anxiety is the Liebowitz Social Anxiety Scale (LSAS). The LSAS has been empirically shown to be a reliable, valid and treatment sensitive measure of social phobia. (Heimberg et al., 1999)

## Neurobiology

### The Amygdala

The amygdala is often implicated in social anxiety and the processing of social threats. In a quantitative meta-analysis, Etkin and Wager compared functional magnetic resonance imaging and positron emission tomography studies of posttraumatic stress disorder (PTSD), social anxiety disorder, specific phobia, and fear conditioning in healthy individuals. Patients with any of the three disorders

consistently showed greater activity than matched comparison subjects in the amygdala and insula, structures linked to negative emotional responses. Hyperactivation in the amygdala and insula were, of interest, more frequently observed in social anxiety disorder and specific phobia than in PTSD. Only patients with PTSD, on the other hand, showed hypoactivation in the dorsal and rostral anterior cingulate cortices and the ventromedial prefrontal cortex—structures linked to the experience and regulation of emotion. (Etkin & Wager, 2007)

Amygdala activation to interpersonal threat has been linked to the severity of social anxiety symptoms. Phan and colleagues examined in a study the association between response to emotionally harsh faces in the amygdala and severity of social anxiety symptoms in patients with generalized social phobia. Relative to happy faces, activation of the amygdala in response to harsh (angry, disgusted, fearful) faces was greater in the patients than in controls, and the extent of amygdala activation was positively correlated with severity of social anxiety symptoms, but not general state or trait anxiety levels. (Phan, Fitzgerald, Nathan, & Tancer, 2006)

## Identity

An important question is why I as a socially anxious person feel as the center of attention if it is not what I want, or is it? Many people with social anxieties actually want to have good relationships and are often fond of people. The problem is how they see themselves or that in many cases they cannot really see who they are. Sometimes there may also be an ambivalence in one's relationship with people, which might be a result of personal life experiences or some unresolved conflicts from another source.

The search for identity lies at the heart of any form of social anxieties. Often, if some fundamental questions about oneself can be answered the social anxiety decreases. Basic parameters are:

- Needs
- Values
- Aspirations

(Haverkamp, 2018b)

An important method in therapy to have the client imagine a situation and run through it. This helps break down the distinction between reality and the imagined world. Many people suffering from social anxieties are very sensitive, which also contributes to the symptoms. Physical symptoms often include excessive blushing, excess sweating, trembling, palpitations, and nausea. There may even be stammering and rapid speech. Panic attacks can also occur under intense fear and discomfort.

Many people with social anxieties have difficulties imagining the future because it is too painful. Here it helps to identify emotions and feeling that underlie the negative thoughts. Often the tensions and anxieties have underlying processes that need to be identified.

People with social anxiety often set high standards for themselves for social situations. Since they believe they cannot reach these standards they have a lot of negative thoughts about how they do in those situations and the outcomes. The sense of failure can be reinforced in the situation by very minor mishaps, such as a stutter or notices sweating. This leads to even greater self-consciousness and the likelihood actually of sweating or stuttering increases. Anxiety can increase to panic attacks.

## ‘Lost Opportunities’

It is also important to deal with the losses patients subjectively think they have incurred as a result of their social anxiety. People avoid situations where the social anxieties cause the symptoms. In more severe cases this can mean that the individual has no romantic relationships and does not take up jobs that could be interesting and enjoyable. Here the first step is to acknowledge the problem and realize that while one may not have done the preferred choice in the moment, social anxiety is often a problem of not knowing what one really wants. Finding this out can be a tremendous chance.

## Judgment

The sense of being judged is quite common in social anxiety disorder. The judgment by others gets a relatively high significance. People with social anxieties can be very competitive in professional or academic situations. It seems easier to believe the judgment of others. The combination of a greater focus on oneself, being more alert to anything other people may see or perceive, and reduced trust in oneself and others frequently gives rise to the fear of being judged. If there is a greater disconnect from oneself and others, this can cause additional problems and potentially more anxiety.

There is a perceived need for a more complete control of one’s external communication, out of fear that the connection with the world could be lost, but this sought-after control by necessity also has to extend then to the internal communication, which destabilizes further and causes additional anxiety. The ultimate fear in social anxiety is not of social situations per se, but that connections and relationships could be lost forever. Fears of loss of relationships and loss of control is often at the heart of social anxiety. Helping people with social anxiety means exploring new ways of communicating, so that they learn that communication and relationships are in their essence quite predictable and stable.

## Location

The setting can also play a problem and may be worthwhile to thematize. Instead of making a new friend at a bar, a person with social anxiety might find this task easier to accomplish via an online friendship or dating site. As patients develop a greater understanding of their wants, needs and aspirations, they also develop a better understanding of how they interact and communicate with their

environment in ways that are more helpful, more efficient and better suited to their own needs and personality.

## Treatment

The most well-researched psychosocial treatments for social anxiety disorder are cognitive-behavioral therapies (CBTs). However, there are several other therapeutic approaches which have shown promising in the treatment of social anxiety disorder. There are also various psychopharmacological approaches which demonstrate effectiveness.

Medication can help. From clinical experience the selective serotonin reuptake inhibitors (SSRIs), such as be helpful, particularly in the form of selective serotonin reuptake inhibitors (SSRIs) or sometimes serotonin norepinephrine reuptake inhibitors (SNRIs) if needed over a longer interval. Selective Serotonin Inhibitors (SSRIs) are often used in generalized social anxiety disorders, if psychotherapy does not help fast enough or as a support. Historically, paroxetine and fluoxetine have often been used, but newer SSRIs, such as escitalopram, seem also to work. In clinical experience, some people benefit significantly from SSRIs, while others do not. One explanation is that it depends on the presence of other symptoms and psychiatric disorders, as well as how generalized the symptoms are, or how specific they apply to certain situations. Overall, there can be many different reasons, especially psychodynamic ones, that make up this diverse diagnosis, and they need to be carefully explored to increase the chances of therapeutic success.

### Cognitive-Behavioral Therapy (CBT)

Meta-analyses indicate that all forms of CBT appear likely to provide some benefit for adults. (Rodebaugh, Holaway, & Heimberg, 2004) On the behavioral side, exposure therapy, for example, involves exposing the patient to anxiety invoking interpersonal situations in a gradual fashion, beginning with less anxiety provoking scenarios, and moving up to the ones to which a greater level of potential anxiety is attached. Research suggests that anxious individuals show deficits in the mechanisms believed to underlie exposure therapy, such as inhibitory learning. (Craske, Treanor, Conway, Zbozinek, & Vervliet, 2014) Exposure optimization strategies include the following:

- 1) expectancy violation
- 2) deepened extinction
- 3) occasional reinforced extinction
- 4) removal of safety signals
- 5) variability
- 6) retrieval cues
- 7) multiple contexts
- 8) affect labeling.

(Craske et al., 2014)

On the cognitive side, other techniques commonly used in CBT are to reflect on the negative thoughts and ruminations in interpersonal situations, identify unhelpful beliefs and biases, make more realistic probability estimates and use other more or less structured thought processes. The cognitive approach focuses mainly on intrapersonal rather than interpersonal processes. (Stangier, Schramm, Heidenreich, Berger, & Clark, 2011)

## Psychodynamic Psychotherapy

In a large multicenter study Leichsenring and colleagues used a manual-guided form of psychodynamic therapy that was specifically developed for their trial. (Leichsenring et al., 2013) It was based on Luborsky's model of psychodynamic therapy, including supportive and expressive interventions. A secure helping alliance is an important element of the model. Expressive interventions relate the symptoms of social anxiety disorder to the patient's underlying core conflictual relationship theme, such as a wish, an anticipated response and a response from the self, in order to reduce the symptoms of social anxiety disorder. (Leichsenring et al., 2013) The response from the self represents the symptoms of social anxiety disorder. The core conflictual relationship theme is worked through in present and past relationships as well as in the relationship to the therapist. (Leichsenring et al., 2013)

## Mindfulness-based stress reduction (MBSR)

Mindfulness-based stress reduction (MBSR) has shown in several studies to reduce symptoms of stress, anxiety, and depression. MBSR is believed to alter emotional responding by modifying cognitive–affective processes. Since social anxiety disorder is characterized by emotional and attentional biases as well as distorted negative self-beliefs, this can be a helpful approach. MBSR training in patients with social anxiety disorder may reduce emotional reactivity while enhancing emotion regulation.

Goldin and Gross examined MBSR-related changes in the brain–behavior indices of emotional reactivity and regulation of negative self-beliefs in patients with social anxiety disorder. Compared with baseline, MBSR completers showed improvement in anxiety and depression symptoms and self-esteem. During the breath-focused attention task, they also showed decreased negative emotion experience, reduced amygdala activity, and increased activity in brain regions implicated in attentional deployment. (Goldin & Gross, 2010)

## D-Cycloserine

Clinical data with specific phobias has suggested that the treatment effects of exposure therapy for SAD may be enhanced with D-cycloserine, an agonist at the glutamatergic NMDA receptor, and its use has been suggested for social anxiety disorder. In a study by Hofmann and colleagues, patients receiving D-cycloserine in addition to exposure therapy reported significantly less social anxiety compared with patients receiving exposure therapy plus placebo. Controlled effect sizes were in the medium to large range. (Hofmann et al., 2006)

## Communication-Focused Therapy® (CFT®)

Communication-Focused Therapy (CFT) was developed by the author to focus more specifically on the communication process between patient and therapist. The central piece is that the sending and receiving of meaningful messages is at the heart of any change process. CBT, psychodynamic psychotherapy and IPT help because they define a format in which communication processes take place that can bring about change. However, they do not work directly with the communication processes. CFT attempts to do so.

### Introduction

We engage constantly in communication. The cells in our bodies do so with each other using electrical current, molecules, vibrations or even electromagnetic waves. People communicate with each other also through a multitude of channels, which may use several technologies and intermediaries. It does not have to be an email. Spoken communication requires multiple signal translations from electrical and chemical transmission in the nervous system to mechanical transmission as the muscles and the air stream determine the motions of the vocal cords and then as sound waves travelling through the air, followed by various translations on the receiving end. At each end, in the sender and in the receiver, there is also a processing of information which relies on the highly complex networks of the nervous system. Communication, in short, happens everywhere all the time. It is an integral part of life.

### Communication as Autoregulation

Communication is an autoregulatory mechanism. It ensures that living organisms, including people, can adapt to their environment and live a life according to their interests, desires, values, and aspirations. This does not only require communicating with a salesperson, writing an exam paper or watching a movie, but also finding out more about oneself, psychologically and physically. Whether measuring one's strength at the gym or engaging in self-talk, this self-exploration requires flows of relevant and meaningful information. Communication allows us to have a sense of self and a grasp of who we are and what we need and want in the world, but it has to be learned similar to our communication with other people.

If one suffers from social anxiety, this autoregulation seems to fail. One reason why it fails is because communication is such an important and basic process that there is nothing that could hierarchically control it and put a problem in it right. Only changes in communication can put a communication failure right. This is why a therapy that focuses on communication by identifying communication patterns and reflecting on them is in a good position to treat social anxiety.

## Communication Patterns

Communication patterns are sequences in which meaningful information flows between individuals who are interacting with each other. A question in one person leading to an answer in another person is an example, which also illustrates how one communication pattern gives rise to another one. Communication patterns exist as templates in a social or cultural setting. They are activated and modified by the person using them. In a therapeutic setting one may, for example, look with patients at which communication patterns they use and how. Since meaningful information can only flow if it is transmitted within the dynamics of communication patterns, no matter how simple and rudimentary they may be, improving one's selection and use of communication patterns also leads to a more efficient transmission of meaningful information. This is particularly useful in anxiety conditions, which are characterized by a subjective lack of meaningful information. Since a socially anxious person may actually be very sensitive and perceptive, and thus have more information about interactional clues and the other person available, the focus in Communication-Focused Therapy®, for example, is not necessarily the quantity of information, but how the patient finds, absorbs and processes the information which is most helpful to further the own needs, values and aspirations. In clinical experience, the more competent a patient feels in this regard, the lower the anxiety usually is. This applies particularly to social anxiety, where the anxiety revolves around external communication.

## Attention

Attention is the ability to notice new information within a defined space, but also the capability to attach relevance to it. Both attention and focus are important in the acquisition of meaningful and relevant information from the environment. If they are interfered with or misdirected, there is less relevant information available, which can increase the experienced anxiety. The attention of highly anxious individuals is more automatically captured by sub-threshold cues. (Mogg & Bradley, 2002) Attentional bias toward negative social cues is thought to serve an etiological and/or maintaining role in social anxiety disorder. As discussed above, anxiety in general is a result of the subjective perception of missing relevant information. (Haverkamp, 2010, 2018a)

Schmidt and colleagues tested in their study whether training patients to disengage from negative social cues may ameliorate social anxiety in patients with a primary diagnosis of generalized social anxiety disorder. Patients who underwent attention training exhibited significantly greater reductions in social anxiety and trait anxiety, compared with patients in the control condition. At termination, 72% of patients in the active treatment condition, relative to 11% of patients in the control condition, no longer met the DSM-IV criteria for social anxiety disorder. At 4-month follow-up, patients in the attention training condition continued to maintain their clinical improvement. (Schmidt, Richey, Buckner, & Timpano, 2009)

## Communication to Participate in Life

Communication is important to be connected into the web of life. The exchange of meaningful messages helps one to get what one needs, wants and aspires to. This applies to communication with oneself and others. Finding out what one needs, wants and aspires to happens through communication with oneself. It requires openness and insight.

The feeling of being a part of 'the whole thing' is important to an individual, not just because the individual is part of a chain of generations. When one exchanges meaningful messages with others, oneself and the world around become meaningful to oneself. Losing a part of oneself or a loss of meaning, however, represents an existential threat, which can induce anxiety. This is how social anxiety and a loss in meaningful connectedness with others can lead to more anxiety. To an extent, this can be compensated for with meaningful communication with oneself, but for most this is not enough.

## Understanding Social Anxiety and Shyness

Social anxiety is often present from childhood. The fears already interfere with one's development early on. Since some of the most experiences in a human life are the interpersonal ones, this can interfere with one's personal development. As already mentioned, shyness is not a disorder, and a person may be happy about it. However, the potential loss to quality of life of social anxiety and shyness can be similar. Shy people often develop adaptive communication pathways, such as relying more heavily on the Internet and may be content with it. However, interpersonal communication is an important piece of change and of bringing about in the world, and without it some of this dynamic may be missed out on. Given the many possible channels of communicating with the world, it does not matter so much which one is used. The important factor is that it allows the exchange of meaningful messages, which aid the individual in becoming better connected with oneself and the world.

## Internal Communication

Often, there are already maladaptive communication patterns before, that cause the problems in the relationship or interpersonal interactions. These patterns can be analyzed and changed. Another important element is that communication can also take place on the inside of the individual. Individuals with social anxiety are often very critical of themselves, and this is what is then projected into others, who then appear critical of oneself. An important, and often helpful, step is to become aware of this.

The internal and external communication go hand in hand. Thought patterns that are used in one's communication with oneself are usually also used in the communication with others. If there are doubts and fears in the communication with oneself, they often will also be present in one's communication with others.

## Uncertainty

In life, one has to live with uncertainty. Uncertainty just means that there is no manual in the beginning and there are still unknowns which leave room for excitement and exploration. Life is a learning experience. An individual suffering from anxiety may have areas in life where she thrives on excitement, and other areas where images of worst-case scenarios cause her to freeze when she just considers a change in action or any action at all. Uncertainty to someone suffering from anxiety seems to be bearable in some areas and avoided in others. Often, the areas where it is not tolerated feel meaningful only to the person suffering from anxiety.

## Communication Deficits

Areas which people often feel anxious about are where there has been an issue with their interpersonal interactions in the past. Early traumata, like a disappearing or abusive parent, stay unresolved. For example, if a parent feels fearful and angry with himself and this is picked up by a child, the latter may decode these messages correctly in that the parent is angry, but since the parent may not be conscious about it, the child does not pick up on the second important half of the message, that the parent has a problem with himself and his issue is unrelated to the child. Of course, one can learn to pick up on the self-blame and frustration of the parent, and therapists should become experts at reading between the lines in this fashion, but it requires experience, reflection and insight into transference and counter-transference phenomena, for example, to use the psychoanalytic terms.

## Avoidance

Anxiety can lead to avoidance, which in turn can attach even more anxiety to the situations or behaviors which are being avoided. In social situations, not interacting with others deprives the person of continuously updating and honing the skills and confidence of interacting with others. Avoidance can thus lead to an increase rather than a decrease in anxiety in the long-run.

## Meaning

Individuals suffering from social anxiety do not see less relevance in social interactions, but often even more. It is not necessarily seeing more meaning, though, but a different kind. In therapy an important part is to rediscover meaning and find it in the things that are relevant to the patient. Relevant is anything that is close to his or her values, basic interests, aspirations, wants, wishes and desires.

However, someone with social anxiety may see the meaning in things differently from someone what does not suffer from it. Approaching someone of the opposite sex may be seen differently because of life experiences. Also, if different meaning is seen in it, the expectations can be different. Expectations that are so high that they are self-defeating can be a problem. However, to set expectations that are not too high and not too low mean having a view of reality that works for oneself.

## Awareness of Thought Patterns

An important step in therapy thus to make the person aware of how anxiety affects one's thinking. Individuals from anxiety often focus differently from other individuals. There is often a focus on worst outcomes and strong fears which are caused by it. Underlying this are often strong emotions or conflicts which need to be defended against. The danger and uncertainty is quite frequently inside oneself, rather than on the outside. An individual with a fear of flying may be more afraid of not containing oneself and not being able to leave the plane than anything else. Anxiety is the fear of crashing psychologically and the feelings of a dreaded uncertainty about oneself and one's emotional states.

Awareness means observing the own thought patterns and gaining insight into them. This requires being receptive to this information from oneself and the ability to reflect on it. Important is being able to perceive the flow of information between the parts of oneself, and the ability to let the information flow freely.

## Flow of Information

A free flow of information within oneself and with the environment is important to reduce the anxiety and physical symptoms associated with social anxiety. Often, such an openness has become difficult for people because of inadequate interaction patterns and a fear to change anything. In a therapeutic session, this can be changed in two ways. Interaction patterns can be experimented with in a therapeutic session and reflected upon. One objective should be to help the patient develop greater efficacy and confidence in his or her interactions with the environment.

## Emotional Reconnection

If there have been adverse life experiences as a significant factor in the social anxiety, there can still be unresolved emotions underlying the anxiety. To resolve them means answering the hypothetical question, what one may have felt in the difficult situation, but then also seeing the strength that allowed one to pull through, which only becomes visible now. The goal is not necessarily to reconnect with only negative emotions from the past, but also the good ones, and emotions as a whole today.

If there is a disconnect, and emotional reconnection would be helpful, one should approach one's feelings gradually. Especially in cases of social anxiety, it could be problematic trying this too fast. In any case, as internal and external communication go hand in hand, so do internal and external emotional connection. Someone who is disconnected from oneself will have a more difficult time to emotionally communicate with others or stay reflected and calm in situations where there is a potential for greater emotional communication, such as in romantic situations.

## Experiencing the World

Social anxiety means potentially experiencing less of the world, although the higher sensitivity can at the same time let someone experience more. It is important again to note that many patients suffering from social anxiety disorder put themselves under an enormous pressure. Their more frequent feeling that they need to interact with others and live their lives in certain can add to the anxiety, rather than diminishing it. The more permanent solutions to this dilemma are, as outlined above, a greater connectedness with oneself and better insight into the own needs, values and aspirations. Work with the communication patterns a patient uses, as well as reflection on how she felt when engaged in activities and with other people in the past, sheds light on the 'truer' needs, values and aspirations. The focus is here completely on the patient and her experiences, not on the expectations of others. This focus establishes more meaning in the life of the patient and helps is the acquisition of more helpful communication patterns.

## Communication Techniques

Various communication techniques can be helpful, not as an end in themselves, but to help the person have more confidence in oneself and to see communication not as something dangerous one needs to be guarded against, but as something that can help one meet one's needs, wishes and expectations. Thus, the reason for communication techniques should be not an end in itself, but to increase one's repertoire, ease and confidence in communicating with oneself and others.

Openness to others, a positive and welcoming attitude towards the messages of others and engaging in reflection on the interaction are some helpful approaches towards communication, but there are many others as well. Important is not to be deterred from the interaction when something unsuspected or disappointing happens, but to reflect on what it could mean, whether it is a message from outside or inside oneself. Genuinely new information is never meaningless and reflecting on it helps to gain more insight into the world. Social anxiety, on the other hand, is often a result of engaging with messages only superficially, rather than letting them resonate with oneself and determining what they might mean.

Technology can also play a useful role in gradually exposing oneself to potentially more anxiety provoking situations. For example, beginning with interactions with fewer communication channels, such as an online dating site, can make it easier to then move on to an in-person date. More information could already be screened in a less communication intensive setting before exposing oneself to the many communication channels of an actual physical date. Pierce demonstrated in a study a positive relationship between social anxiety (not comfortable talking with others face-to-face) and (1) talking with others online and (2) talking with others via text messaging. In contrast, there was a positive relationship between the lack of social anxiety (feeling "comfortable" talking with others) and making friends online. (Pierce, 2009) Gender differences were also pointed out in the study.

## Breaking the Cycle of Anxiety

To break through the vicious cycle of anxiety, in which emotions like fear and anxiety cause safety thoughts and behaviors, which in turn reinforce feelings of fear, loneliness, sadness, and so forth, it is helpful to focus on identifying what is meaningful and having more of it in life. Communication helps in identifying and finding meaning, either communication with oneself or with others. The exchange of messages is like a learning process in which meaning can be identified, found and accumulated. Through meaningful interactions one accumulates more meaning, more connectedness with oneself and the world and reduces the need for thoughts and behaviors which are triggered by fears, guilt, self-blame and other negative emotions. This also helps against depression and anxiety.

Insight and connectedness reduce anxiety. Openness and receptiveness to information and messages can lead there. This can be practiced in therapy and brought from there into everyday life. The sense of competence helps build confidence in dealing with oneself and the environment. Important is to connect with oneself to a level that there is greater insight into what is truly important to oneself.

## The Reward of Seeing More

Perceiving more meaning also makes interacting with others and oneself more meaningful. This has a positive effect on one's interaction patterns, how and in which ways one relates to one's environment and exchanges messages with it. People with social anxiety often see less in an interaction, although they often have a greater sensitivity and perceptiveness to see more. This has to do with a different focus on where to find a relevant and meaningful message in the interaction. For example, in an interaction with a romantic love interest, the socially anxious person may be too focused on signals and own thoughts about a possible rejection rather than on information from the other person that could help in getting to know that person.

## Values, Needs and Aspirations

Beyond food, drink, a roof over one's head and basic safety, humans have values, needs and aspirations that drive much of what they are doing throughout their lives. None of us is born to live the life of a Robinson Crusoe, and just like the fictional character, interpersonal interactions with others, as well as the intrapersonal communication that is tightly lined with it, are the main instruments to get these needs, values and aspirations met. The exchange of meaningful information is what brings about positive and lasting change in oneself and in the environment.

One of the most painful elements of social anxiety is that a person finds it more difficult to find the own needs met. It interferes with dating, in workplace situations or in academia. People suffering from this condition, do so in silence, which tends to make it even worse. To escape this vicious cycle, a new orientation towards the own values, needs and aspirations is needed. What helps to achieve this is through a better connectedness with oneself and others.

## The Need for Communication

Living organisms have a need for communicating with themselves and others. This is needed to grow, innovate and propagate. Most of the human accomplishments in the arts, sciences and professions are based on the exchange of meaningful messages, communication. But communication is also to have one's needs met and to survive in general. Even a hermit in the mountains needs to interact with his or her living mountain environment. People who enjoy nature usually do not want to shun communication but focus on an exchange with a nonhuman environment. Communication is fundamental to life itself.

It often helps people with social anxiety and shyness to connect with and appreciate their need and joy in communicating. Once communication is seen as a potential source of joy rather than a necessary task, it can become much easier, as 'I want' replaces 'I should'.

## Meaningful Messages as the Instrument of Change

Communication is the vehicle of change. The instruments are meaningful messages which are generated and received by the people who take part in these interactions. In a therapeutic setting, keeping the mutual flow of information relevant and meaningful brings change in both people who take part in this process. The learning curve for the patient may be steeper in certain respects because he or she spends less time in this interaction style than a therapist.

## Embracing Change

In social anxiety, embracing change can be associated with anxiety, but it can also be liberating, because it means that there are no rigid rules one needs to adhere to other than those linked to the communication process itself, which has clear laws. Understanding these laws of communication, on the other hand, which humans subconsciously operate on and use as they accumulate experience in their interactions with others is important to be more confident in tolerating and working towards change. Basic communication concepts, such as what constitutes communication, how meaning is created, how information flows, and how communication processes are influenced, is usually not conscious, but reflecting on it and beginning to use it can be especially helpful to sensitive people, who quite frequently have experienced social at some point in their lives. One might say, that only those who do not care about people and themselves are entirely free from social anxiety.

## Living

It is not the number of social contacts which is relevant. Having a few good friends is often worth more than thousands of contacts in an online social network. However, this does not mean friends have to be always physically present. Meeting friends online also allows for communication, while close physical contact in an intimate relationship is to most people important on a regular basis.

Important is that the communication patterns, the frequency and the interaction style fit the needs, values and aspirations of the individual. People who are shy can be quite happy with the intensity and frequency of their interactions, those with social anxiety are usually not. It is thus important to help individuals with social anxiety discover what is important to them and how they want to live their lives.



*Dr Jonathan Haverkamp, M.D. MLA (Harvard) LL.M. trained in medicine, psychiatry and psychotherapy and works in private practice for psychotherapy, counselling and psychiatric medication in Dublin, Ireland. He also has advanced degrees in management and law. The author can be reached by email at [jonathanhaverkamp@gmail.com](mailto:jonathanhaverkamp@gmail.com) or on the websites [www.jonathanhaverkamp.ie](http://www.jonathanhaverkamp.ie) and [www.jonathanhaverkamp.com](http://www.jonathanhaverkamp.com).*

## References

- Beidel, D. C., Turner, S. M., & Dancu, C. V. (1985). Physiological, cognitive and behavioral aspects of social anxiety. *Behaviour Research and Therapy*, *23*(2), 109–117. [https://doi.org/10.1016/0005-7967\(85\)90019-1](https://doi.org/10.1016/0005-7967(85)90019-1)
- Caplan, S. E. (2007). Relations Among Loneliness, Social Anxiety, and Problematic Internet Use. *CyberPsychology & Behavior*, *10*(2), 234–242. <https://doi.org/10.1089/cpb.2006.9963>
- Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, *58*, 10–23. <https://doi.org/10.1016/J.BRAT.2014.04.006>
- Etkin, A., & Wager, T. D. (2007). Functional Neuroimaging of Anxiety: A Meta-Analysis of Emotional Processing in PTSD, Social Anxiety Disorder, and Specific Phobia. *American Journal of Psychiatry*, *164*(10), 1476–1488. <https://doi.org/10.1176/appi.ajp.2007.07030504>
- Gilbert, P. (2000). The relationship of shame, social anxiety and depression: the role of the evaluation of social rank. *Clinical Psychology & Psychotherapy*, *7*(3), 174–189. [https://doi.org/10.1002/1099-0879\(200007\)7:3<174::AID-CPP236>3.0.CO;2-U](https://doi.org/10.1002/1099-0879(200007)7:3<174::AID-CPP236>3.0.CO;2-U)
- Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion*, *10*(1), 83–91. <https://doi.org/10.1037/a0018441>
- Grant, B. F., Hasin, D. S., Blanco, C., Stinson, F. S., Chou, S. P., Goldstein, R. B., ... Huang, B. (2005). The Epidemiology of Social Anxiety Disorder in the United States. *The Journal of Clinical Psychiatry*, *66*(11), 1351–1361. <https://doi.org/10.4088/JCP.v66n1102>
- Haverkamp, C. J. (2010). *A Primer on Interpersonal Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkamp, C. J. (2013). A Case of Social Anxiety. *J Psychiatry Psychotherapy Communication*, *2*(1), 14–20.
- Haverkamp, C. J. (2017a). *Communication-Focused Therapy (CFT)* (2nd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkamp, C. J. (2017b). *Social Anxiety and Medication (2)*. Retrieved from <http://www.jonathanhaverkamp.com/>
- Haverkamp, C. J. (2018a). *Fear, Social Anxiety and Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkamp, C. J. (2018b). *The Basic Parameters* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Heimberg, R. G., Horner, K. J., Juster, H. R., Safren, S. A., Brown, E. J., Schneier, F. R., & Liebowitz, M. R. (1999). Psychometric properties of the Liebowitz social anxiety scale. *Psychological Medicine*, *29*(1), 199–212.
- Hirsch, C., Meynen, T., & Clark, D. (2004). Negative self-imagery in social anxiety contaminates social interactions. *Memory*, *12*(4), 496–506. <https://doi.org/10.1080/09658210444000106>

- Hofmann, S. G., Meuret, A. E., Smits, J. A. J., Simon, N. M., Pollack, M. H., Eisenmenger, K., ... Otto, M. W. (2006). Augmentation of Exposure Therapy With D-Cycloserine for Social Anxiety Disorder. *Archives of General Psychiatry*, 63(3), 298. <https://doi.org/10.1001/archpsyc.63.3.298>
- La Greca, A. M., & Harrison, H. M. (2005). Adolescent Peer Relations, Friendships, and Romantic Relationships: Do They Predict Social Anxiety and Depression? *Journal of Clinical Child & Adolescent Psychology*, 34(1), 49–61. [https://doi.org/10.1207/s15374424jccp3401\\_5](https://doi.org/10.1207/s15374424jccp3401_5)
- La Greca, A. M., & Lopez, N. (1998). Social Anxiety Among Adolescents: Linkages with Peer Relations and Friendships. *Journal of Abnormal Child Psychology*, 26(2), 83–94. <https://doi.org/10.1023/A:1022684520514>
- Leary, M. R. (1990). Responses to Social Exclusion: Social Anxiety, Jealousy, Loneliness, Depression, and Low Self-Esteem. *Journal of Social and Clinical Psychology*, 9(2), 221–229. <https://doi.org/10.1521/jscp.1990.9.2.221>
- Leichsenring, F., Salzer, S., Beutel, M. E., Herpertz, S., Hiller, W., Hoyer, J., ... Leibing, E. (2013). Psychodynamic Therapy and Cognitive-Behavioral Therapy in Social Anxiety Disorder: A Multicenter Randomized Controlled Trial. *American Journal of Psychiatry*, 170(7), 759–767. <https://doi.org/10.1176/appi.ajp.2013.12081125>
- Mansell, W., Clark, D. M., Ehlers, A., & Chen, Y.-P. (1999). Social Anxiety and Attention away from Emotional Faces. *Cognition & Emotion*, 13(6), 673–690. <https://doi.org/10.1080/026999399379032>
- Mogg, K., & Bradley, B. P. (2002). Selective orienting of attention to masked threat faces in social anxiety. *Behaviour Research and Therapy*, 40(12), 1403–1414. [https://doi.org/10.1016/S0005-7967\(02\)00017-7](https://doi.org/10.1016/S0005-7967(02)00017-7)
- Phan, K. L., Fitzgerald, D. A., Nathan, P. J., & Tancer, M. E. (2006). Association between Amygdala Hyperactivity to Harsh Faces and Severity of Social Anxiety in Generalized Social Phobia. *Biological Psychiatry*, 59(5), 424–429. <https://doi.org/10.1016/J.BIOPSYCH.2005.08.012>
- Pierce, T. (2009). Social anxiety and technology: Face-to-face communication versus technological communication among teens. *Computers in Human Behavior*, 25(6), 1367–1372. <https://doi.org/10.1016/J.CHB.2009.06.003>
- Rodebaugh, T. L., Holaway, R. M., & Heimberg, R. G. (2004). The treatment of social anxiety disorder. *Clinical Psychology Review*, 24(7), 883–908. <https://doi.org/10.1016/J.CPR.2004.07.007>
- Schlenker, B. R., & Leary, M. R. (1982). Social anxiety and self-presentation: A conceptualization model. *Psychological Bulletin*, 92(3), 641–669. <https://doi.org/10.1037/0033-2909.92.3.641>
- Schmidt, N. B., Richey, J. A., Buckner, J. D., & Timpano, K. R. (2009). Attention training for generalized social anxiety disorder. *Journal of Abnormal Psychology*, 118(1), 5.
- Stangier, U., Schramm, E., Heidenreich, T., Berger, M., & Clark, D. M. (2011). Cognitive Therapy vs Interpersonal Psychotherapy in Social Anxiety Disorder. *Archives of General Psychiatry*, 68(7), 692. <https://doi.org/10.1001/archgenpsychiatry.2011.67>
- Stein, M. B., & Stein, D. J. (2008). Social anxiety disorder. *The Lancet*, 371(9618), 1115–1125. [https://doi.org/10.1016/S0140-6736\(08\)60488-2](https://doi.org/10.1016/S0140-6736(08)60488-2)
- World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.

**This article is solely a basis for academic discussion** and no medical advice can be given in this article, nor should anything herein be construed as advice. Always consult a professional if you believe you might suffer from a physical or mental health condition. Neither author nor publisher can assume any responsibility for using the information herein.

Trademarks belong to their respective owners. Communication-Focused Therapy and CFT are registered trademarks.

This article has been registered with the U.S. Copyright Office. Unauthorized reproduction, distribution and/or publication in any form is prohibited. Copyright will be enforced.

© 2016-2019 Christian Jonathan Haverkamp. All Rights Reserved  
Unauthorized reproduction, distribution and/or publication in any form is prohibited.

