Case study:

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Rose is a 29-year-old business manager, engaged and about to be married. Her difficulties began in secondary school. She recalls an episode when she had to give a presentation in front of a classroom when she became very hot and flushed. After the presentation, a boy from the classroom teased her and called her 'the red tomato'. She was extremely embarrassed about it and, from then on, avoided all presentations and public speaking wherever possible. These difficulties have persisted to today. At work, she avoids being the centre of attention, talking at meetings and, in particular, presentations. She wears high-~~-~~neck tops to cover the redness, evident both in her face and chest when she gets anxious. She always wears her hair down and does not leave the house without wearing ~~a~~ foundation. She reports not being able to behave normally in social situations and, in particular, those that involve people she does not know well or larger social gatherings (e.g. dinner parties) out of fear of how she may be judged and evaluated. This stops her from enjoying social situations. At work, she worries she will be seen as insecure and unprofessional, an image she does not wish to portray. She takes SSRI medications but reports unpleasant side effects and would want to stop taking them. She reports no other major problems; she has always been a little shy, and her mood sometimes gets affected negatively because of this problem.

1. Diagnosis

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The case study of Rose reflects symptoms of social anxiety disorder, which is characteri~~s~~z~~e~~d by excessive fear of being humiliated~~ing~~ or embarrassed~~ing.~~ As described by DSM-5, American Psychiatric Association, 2013, ~~and~~ a social anxiety disorder patient avoids~~ance of~~ social situations, including those that involve being observed, evaluated, or scrutini~~s~~z~~e~~d by others. ~~DSM-5, American Psychiatric Association, (2013.)~~

Rose's difficulties can be clinically conceptuali~~s~~z~~e~~d as Social Anxiety Disorder (SAD), also known as Social Phobia. Rose's symptoms of blushing, sweating, and avoiding~~ance of~~ public speaking,

as well as her distress and negative impact on her daily life, are consistent with a diagnosis of SAD.

According to the ~~the~~ DSM-5, the onset of SAD typically occurs in childhood or adolescence and may be triggered by traumatic experiences such as bullying, ridicule, or embarrassment (American Psychiatric Association, 2013)~~DSM-5, p. 205~~). In Rose's case, her difficulties began in secondary school after a traumatic experience where she was teased for blushing during a presentation. This event ~~is likely to have~~ had a significant impact on the development and maintenance of her SAD symptoms.

The DSM-5 criteria for a SAD diagnosis require that the individual experiences significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 2013)~~(DSM-5, p. 205)~~. In Rose's case, her SAD symptoms ~~have~~ resulted in her avoiding~~ance of~~ public speaking and social situations, negatively affecting her performance at work and her ability to enjoy social gatherings. This ~~has~~ resulted in significant distress and a negative impact on her daily life.

The negative impact of SAD on daily functioning can also be associated with low self-esteem and negative self-image (Clark & Wells, 1995~~, p. 12~~). Rose's concerns about being seen as insecure and unprofessional, as well as her use of makeup and clothing to conceal her physical symptoms, suggest that she has a negative self-image related to her SAD symptoms.

2. Clinical C~~c~~onceptualisation

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According to the cognitive-behavioural model of social anxiety (Clark & Wells, 1995), individuals with social anxiety disorder hold negative beliefs and expectations about their social performance, such as the fear of being judged, rejected, or humiliated. These beliefs lead to excessive self-focus, self-monitoring, and safety behaviours, such as avoiding eye contact, speaking softly, or covering up physical symptoms of anxiety, as seen in Rose's case.

Predisposing factors are those that increase the risk of developing a disorder. The onset of social anxiety disorder often occurs in childhood or adolescence and is frequently associated with negative experiences, such as teasing, bullying, or public embarrassment (Beesdo-Baum & Knappe, 2012). In Rose's case, her symptoms began in secondary school after being teased and ridiculed by a classmate, which led to the development of negative self-beliefs and avoidance behaviours that persist to this day. This highlights the role of early environmental factors in shaping the cognitive and behavioural patterns that maintain social anxiety disorder (SAD).

Precipitating factors are events that trigger the onset of the disorder. In Rose's case, the precipitating factor was likely the demands of her job as a business manager, which required her to speak at meetings and give presentations. These demands may have triggered her anxiety, leading to avoidance behaviours and increased self-consciousness. The negative evaluation and judgement from others could have exacerbated her fear and further reinforced her avoidance behaviours.

Maintaining factors are factors that perpetuate or worsen the disorder. In Rose's case, several maintaining factors are evident. One of the most significant maintaining factors is her fear of negative evaluation and judgement from others. This fear leads to avoidance behaviours and reinforces her belief that she cannot handle social situations. Additionally, Rose's efforts to conceal her physical symptoms, such as wearing high-necked tops and foundation, may also maintain her anxiety by reinforcing her self-consciousness and avoidance of situations where her symptoms may be visible. Rose's reliance on medication to manage her anxiety may also be a maintaining factor, as she reports unpleasant side effects and may rely on the medication rather than developing alternative coping strategies.

Following theories, drawing upon cognitive and social-psychological models, have been referred to for a theoretical understanding of social anxiety disorder (Trower & Gilbert, 1989).

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SAD – The Cognitive Theory

This theory asserts that social anxiety is merely related to overestimating the negativity involved in any social interaction and underestimating the positive side of that particular social interaction.

Another perspective that this theory provides is that an individual suffering from SAD associates patterns of thoughts and beliefs with social interactions. Such individuals focus necessarily on how they are perceived by others. Oftentimes, they believe their past social interactions to be worse than they actually were (AKF, 2023).

SAD – Through Social Learning Theory (SLT)

The SLT proposes that people learn their behaviours from others. When someone's good behaviour is rewarded, other people tend to follow it. When their bad behaviour is criticised, people tend to follow it as well. This is how people learn social behaviours. Based on this theory, it is very likely that people may also learn social anxiety through an experience with or observing someone else. Individuals suffering from SAD may 'mimic' behaviours they have seen in others (Mentalhelp.net, 2023).

3. Treatment:

Given the nature and persistence of her symptoms, a formal evaluation by a mental health professional would be helpful to confirm the diagnosis of social anxiety disorder and determine the best course of treatment for Rose. Treatment options may include cognitive-behavioural therapy, exposure therapy, and medication, either alone or in combination, depending on Rose's individual needs and preferences.

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Empirical evidence suggests that cognitive-behavioural therapy (CBT) is an effective and recommended first-line treatment for SAD (American Psychiatric Association, (2020). Hofmann et al., 2012).

CBT is a short-term, goal-oriented, and structured psychotherapeutic approach that aims to modify maladaptive thought patterns, behaviours, and emotions that maintain the anxiety symptoms (Hofmann et al., 2012).

It helps the individual to in developing more balanced and realistic thoughts about the self, others, and social situations. The behavioural component aims to expose the individual to feared social situations gradually, systematically, and repeatedly to reduce their avoidance and increase coping skills. Exposure can be in vivo (real-life situations) or through imaginal exposure (imagining oneself in feared situations). Behavioural experiments, role-plays, and social skills training are other techniques used in CBT for to improve SAD (Hofmann et al., 2012).

CBT for treating SAD typically involves the identification and modification of negative thoughts and beliefs related to social situations, as well as the gradual exposure to feared social situations (Clark & Wells, 1995, p. 33). By working with a therapist, Rose can learn to challenge and modify her negative thoughts and beliefs, as well as gradually face her feared social situations, in order to reduce her anxiety and improve her functioning.

Pharmacological treatments, such as selective serotonin reuptake inhibitors (SSRIs), are also used in the treatment of social anxiety disorder (SAD). SSRIs increase the availability of serotonin, a neurotransmitter that regulates mood, anxiety, and social behaviour, and can alleviate symptoms of social anxiety (Davidson
, Baldwin, & Stein, 2013). However, as in Rose's case, SSRIs can also cause side effects such as nausea, dizziness, and sexual dysfunction, which may reduce medication compliance and effectiveness.

In addition to cognitive-behavioural and pharmacological treatments, recent research has explored the use of mindfulness-based interventions (MBIs) in the treatment of social anxiety disorder (Kocovski, Fleming, Hawley, & Huta, 2015). MBIs involve the cultivation of non-judgmental awareness of one's thoughts, emotions, and bodily sensations, and have been shown to reduce symptoms of anxiety, depression, and stress. A randomised controlled trial of a mindfulness-based stress reduction program for improving social anxiety disorder found significant improvements in social anxiety symptoms, cognitive biases, and quality of life compared to a wait-list control group (Hoge, Bui, Goetter, Robinaugh, & Ojserkis, 2018).

Furthermore, other interventions, such as acceptance and commitment therapy (ACT), and virtual reality exposure therapy (VRET), have shown promising results in treating SAD. MBSR involves cultivating non-judgmental awareness of the present moment, reducing self-criticism, and increasing self-compassion, while ACT aims to increase psychological flexibility and values-based behaviour. VRET uses computer-generated simulations to expose the individual to feared social situations in a controlled and safe environment (Hofmann et al., 2012).

4. Conclusion

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In conclusion, based on empirical evidence, CBT appears to be a recommended and effective treatment option for Rose's social anxiety disorder. It is a non-invasive, short-term, and goal-oriented approach that focuses on modifying maladaptive thoughts and behaviours and exposing the individual to feared situations. Given that Rose reports unpleasant side effects of the SSRI medication and her symptoms are not severe, CBT could be a more appropriate and effective treatment option. Other interventions such as MBSR, ACT, and VRET have also shown promising results and can be considered as adjunctive or alternative treatments.

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