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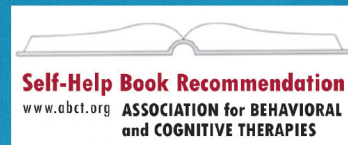
The Shyness & Social Anxiety WORKBOOK

THIRD EDITION

PROVEN, STEP-BY-STEP TECHNIQUES FOR OVERCOMING YOUR FEAR

MARTIN M. ANTONY, PhD
RICHARD P. SWINSON, MD

— MORE THAN **75,000** COPIES SOLD —

"Antony and Swinson bring their combined expertise to bear in helping readers understand and reduce their social anxiety. In covering social anxiety from A-Z, they include state-of-the-art information and research-proven strategies for overcoming this often-debilitating problem. This is the first workbook I recommend to my patients with social anxiety—its clear and powerful recommendations can help you get more out of life!"

—**Jonathan S. Abramowitz, PhD**, director of the University of
    North Carolina Anxiety and Stress Disorders Program

"Social anxiety and shyness can become so intense that they prevent people from enjoying life. This book is ideal for anyone who wants to learn to be more comfortable around other people. Antony and Swinson have taken proven treatments for social anxiety and adapted them for a nonprofessional audience. The step-by-step strategies described in this book have been shown to be effective, are easy to understand, and are sure to help the reader cope better in social situations. Anyone who experiences significant anxiety when performing or when interacting with other people should read this book!"

—**Aaron T. Beck, MD**, professor emeritus of psychiatry at the
    University of Pennsylvania

"This is an excellent resource written by skilled, world-renowned clinicians and researchers in the area of anxiety disorders. Antony and Swinson present the most up-to-date information about social anxiety and its treatment in a way that is clear and, most importantly, that provides step-by-step tools for overcoming this disorder. This is a must-read for persons suffering with social anxiety."

—**Michelle G. Craske, PhD**, professor of psychology at the
    University of California, Los Angeles

"If you have trouble with social anxiety, you will find this book by Antony and Swinson to be an excellent resource. This highly experienced duo has provided an excellent road map to guide you through your efforts to overcome your anxiety and improve the quality of your life. Based on the tried-and-true methods of cognitive behavioral therapy (CBT) and on the results of many scientific studies, the techniques described in this book will help you feel better when you are with other people or the center of attention. The only thing you have to do is work hard and apply them. Best wishes for your journey along that road."

—**Richard Heimberg, PhD**, Thaddeus L. Bolton Professor of Psychology,
    and director of the Adult Anxiety Clinic of Temple University

"This volume, written by a team composed of a psychologist and a psychiatrist, is an outstanding workbook for any individual suffering from social anxiety or shyness and wishing to undertake a structured self-help program to overcome it. The book can be used alone or in conjunction with therapy. The authors are experts in their field and they offer strategies that are solidly grounded in the latest research literature. The workbook format provides readers with the exercises and worksheets they need to do the difficult work required to overcome their shyness and social anxiety."

> —**Jacqueline B. Persons, PhD**, director of the Cognitive Behavior Therapy and Science Center in Oakland, CA, and clinical professor in the department of psychology at the University of California, Berkeley

"This workbook by Antony and Swinson gives the millions of people whose lives are limited by social fears the hope to control their future. The book is clear, practical, easy to follow, and, above all, based on solid, scientific ground. The sections on troubleshooting are especially valuable to really help fine tune the techniques. I would strongly recommend this book to anyone who is serious about overcoming their social fears."

> —**Ronald M. Rapee, PhD**, distinguished professor of psychology at the Centre for Emotional Health, Macquarie University, Sydney, Australia

"Antony and Swinson provide practical advice in a highly readable format. This book will be invaluable to people whose social anxiety prevents them from leading full and happy lives."

> —**Murray B. Stein, MD**, professor of psychiatry, and director of the Anxiety and Traumatic Stress Disorders Research Program at the University of California, San Diego

"If you know you are paying a price by shying away from social encounters, then you don't have to wait until you are 'ready' to step out into the world. Let this book help you get ready. As you absorb the many insights within these pages, this plan will make such impressive sense that you'll feel your confidence grow. If you are like my clients who apply these clear tactics, you'll soon reap the benefits of your courageous actions."

> —**Reid Wilson, PhD**, author of *Stopping the Noise in Your Head*

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Publisher's Note

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Some drugs and medical devices presented in this publication may have Food and Drug Administration (FDA) clearance for limited use in restricted research settings. It is the responsibility of the health care provider to ascertain the FDA status of each drug or device planned for use in their clinical practice.

This book is dedicated to our grandchildren.
For Parker Power

—MMA

For Maggie and Matthew Cummings and Lucy Swinson

—RPS

Contents

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A special thank you goes out to our colleagues, clients, and patients, who provided many helpful suggestions over the years that informed this third edition of *The Shyness and Social Anxiety Workbook*. Finally, we wish to express our gratitude to the staff at New Harbinger Publications (including Heather Garnos, James Lainsbury, Catharine Meyers, Matthew McKay, Nicola Skidmore, Amy Shoup, Dorothy Smyk, to name a few), who worked closely with us through all the stages of developing, editing, and marketing this book.

—Martin M. Antony, PhD
Richard Swinson, MD
Toronto, Canada

Introduction

Shyness and social anxiety are universal. Almost everyone has felt nervous speaking in front of a group or awkward when interacting with another person. We wonder if a presentation went well or whether we made a good impression on a first date or during a job interview. Even some celebrities, who make their living in the public eye, have been described (often by themselves) as being excessively shy in certain situations or at particular points in their lives. Here is a partial list (for more details, check out http://www.shakeyourshyness.com/shypeople.htm):

- David Bowie (musician)

- Mary Chapin Carpenter (musician)

- Harrison Ford (actor)

- Kim Kardashian (television personality)

- Nicole Kidman (actor)

- Lady Gaga (musician)

- David Letterman (talk-show host)

- Abraham Lincoln (American president)

- Michelle Pfeiffer (actor)

- Brad Pitt (actor)

- J. K. Rowling (author)

- Kristen Stewart (actor)

Barbra Streisand, Carly Simon, and Donny Osmond have all spoken openly about their struggles with anxiety and how it affected their ability to perform musically. In fact, Donny Osmond served as an honorary member of the board of directors of the Anxiety and Depression Association of America, saying "I've talked with so many people who were unwilling to do anything about their anxiety disorder because they were too embarrassed. I want to let people know that they are not alone and that help is available" (https://www.adaa.org/donny-osmond).

Even radio personality Howard Stern has described himself as being painfully shy when he is outside the safe confines of his on-air studio.

Shyness and social anxiety can range in intensity, from very mild to completely incapacitating. In extreme cases, they may prevent an individual from developing friendships, working, or even standing in a public place. Regardless of whether your fears are minor or completely overwhelming, the strategies described in this book are designed to help you deal more effectively with shyness and social anxiety.

We recommend that you read the chapters in this workbook in order. The initial chapters are designed to educate you about the nature of shyness and social anxiety and to teach you how to evaluate the main features of your own personal form of them. Then we discuss the costs and benefits of different treatment approaches and help you to select from among the many that are available. Subsequent chapters provide detailed information about different treatment strategies, including medications, cognitive strategies for changing anxiety-provoking thoughts, exposure strategies for confronting the situations you fear, mindfulness and acceptance-based strategies to change the way you relate to your feelings and thoughts, and strategies for fine-tuning your communication and performance skills. The final chapter discusses strategies for maintaining the improvements you've made.

This book is different from other self-help books in a number of ways. Of the many books on social anxiety and shyness that you will find online or in your local bookstore, this is one of the few written in a workbook format. It is filled with exercises and practices designed to teach you basic strategies for overcoming shyness and social anxiety. We encourage you to fill in the blank worksheets and forms found throughout the text. In addition, we invite you to download copies for your personal use so you can continue to use them over the coming months. These downloadable forms are available at this book's website: http://www.newhar binger.com/33407. (See the very back of this book for more details.)

This book also differs from others in that the strategies we recommend have all been investigated extensively in well-designed clinical studies. In addition to specializing in helping people deal more effectively with their shyness and social anxiety, we also are actively involved in research on the nature and treatment of anxiety. It is well established that when people use the techniques described in this book in a therapeutic setting, they generally experience a significant decrease in social and performance anxiety (Weeks 2014). Essentially, we took strategies that have proven useful in therapy and adapted them for the self-help format. However, you don't need a therapist to administer the strategies; research has shown that our self-help approach (based on the previous edition of this book) can effectively reduce shyness and social anxiety (Abramowitz et al. 2009). This workbook is designed to be used alone or coupled with regular visits to a professional therapist. In fact, having a good reference that our own clients and patients can use as they progress through therapy was a motivation for us to write this book.

We thoroughly updated this third edition with the latest scientific knowledge and references concerning the nature and treatment of shyness and social anxiety. For example, we added a new section on the role of hormones, such as cortisol and oxytocin, to chapter 2 to reflect recent developments in our understanding of their possible involvement in shyness and social anxiety. We also revised chapter 5 to include the latest information on medications, including new antidepressants, anticonvulsants, and antipsychotics, which have recently been studied for treating social anxiety. We clarified the information in some sections and completely rewrote those that were out-of-date, adding many new examples and illustrations. Chapter 9, on mindfulness and acceptance-based strategies, is brand-new to this edition as well. Finally, we entirely updated the resources at the end of the book.

Your journey to overcoming shyness and social anxiety may not be easy. You will overcome some aspects of your fear more easily and quickly than others. Also, for every two or three steps forward, you may experience what feels like a step back. Nevertheless, research has shown that most people will experience a reduction in their social and performance fears if they consistently use the techniques described in this book. With hard work and perseverance, these techniques will provide you with the opportunity to make big, positive changes in your life.

Understanding Your Social Anxiety

CHAPTER 1

What Are Shyness and Social Anxiety?

Hanna was a twenty-six-year-old woman who worked as an assistant manager of a small bookstore. She was referred to our Anxiety Treatment and Research Clinic to get help for intense anxiety about her upcoming wedding. Hanna wasn't afraid of being married; in fact, she looked forward to spending years together with her husband. She was terrified of the wedding itself. The idea of being on display in front of such a large audience was almost unthinkable. In fact, she had postponed her wedding twice before because of her fear of being the center of attention.

Hanna's anxiety involved more than just a fear of her wedding. She reported that she'd always been shy, even when she was very young. When she was in high school, her anxiety around people became so intense that it affected her school life. She was convinced that her classmates would find her dull or boring, or that they would notice her anxiety and assume that she was incompetent. Typically, Hanna avoided doing oral reports at school and didn't take any classes in which she felt her classmates might observe or judge her performance (such as physical education). On a few occasions, she even asked for special permission to hand in a written essay instead of doing a presentation in front of the class. Despite being an excellent student, she tended to be very quiet in class, rarely asking questions or participating in discussions.

Throughout college, Hanna found it difficult to make new friends. Although people enjoyed her company and often invited her to parties and other social events, she rarely accepted the invitations, preferring to keep in touch through texting and social media. She had a long list of excuses to get out of socializing. She was comfortable with only her family and a few longtime friends, and aside from them she usually avoided contact with other people.

After college, Hanna began working at a bank, and after a short time she was promoted to assistant manager. She was always comfortable dealing with customers, and she gradually became more comfortable talking to coworkers. However, she avoided eating lunch with colleagues, and she never attended any social events, including the bank's annual holiday party.

Hanna lived with her social anxiety for years, despite how it interfered with her education, work, and social life. It wasn't until the anxiety prevented her from having the kind of wedding she and her fiancé wanted that she decided to seek help.

Hanna's story is not that different from those of other people who experience intense feelings of shyness, social anxiety, and performance-related fears. The types of anxious beliefs and behaviors that she reported are similar to those that many socially anxious people describe. After her evaluation at our clinic, Hanna began a twelve-session course of cognitive behavioral therapy (CBT) and gradually learned to cope with her anxiety more effectively. By the end of treatment, her avoidance of social situations had decreased significantly, and Hanna was much more comfortable in situations that previously made her very anxious.

CBT involves (1) identifying the thought patterns and behaviors that contribute to negative feelings, such as anxiety, and (2) teaching people new ways of thinking and behaving to better manage their anxiety. This book will teach you the CBT strategies commonly used to treat social anxiety. Before exploring them, however, we will begin this chapter in the same way we usually begin treatment with the individuals we see in our program—by offering an overview of the nature of fear and anxiety, in general, and of social anxiety, in particular.

Anxiety, Worry, Fear, and Panic

Everyone knows what it feels like to be afraid. Fear is a basic human emotion. In humans, fear is controlled, in part, by an area of the brain called the limbic system. This system includes some of the deepest, most primitive structures of the brain—structures shared by many less "evolved" animals. In fact, there is reason to believe that the emotion of fear is present across most, if not all, animal species. Most organisms display specific patterns of behavior when confronted with danger, and often these "fearful" behaviors include forms of aggression or escape. Therefore, the intense feelings we experience when we are exposed to an immediate danger often are referred to as the fight-or-flight response.

Although most people use the terms "anxiety" and "fear" interchangeably, behavioral scientists who study emotions assign somewhat different meanings to these and other related terms (Barlow 2002; Suárez et al. 2009). *Anxiety* is a future-oriented feeling of dread or apprehension associated with the sense that events are both uncontrollable and unpredictable. In other words, anxiety is a nagging feeling that occurs when a person believes a negative event may occur in the future and nothing can be done to prevent it.

People who feel anxious tend to dwell upon and ruminate about the possibility of danger. This tendency to dwell on future negative events is called *worry*. Anxiety is also associated with uncomfortable physical feelings, such as arousal (for example, sweatiness, increased pulse), tension (for instance, tight muscles), and pain (such as headaches).

There is no question that when anxiety is too intense it can interfere with performance; however, mild to moderate amounts of anxiety are actually helpful. If you never became even slightly anxious under any circumstance, you probably wouldn't bother doing the things that must be done. Why would you bother preparing an assignment on time, dressing nicely for a date, or eating healthy food if you weren't concerned about the consequences of not doing these things? In part, it is anxiety that motivates us to work hard, prepares us for challenges, and protects us from possible threats.

In contrast to anxiety, *fear* is a basic emotion that occurs when an individual is confronted with an immediate real or imagined danger. Fear leads to a sudden, intense physiological alarm reaction that essentially has one purpose: to get the person away from the danger as quickly as possible. When people feel fearful, their bodies go into overdrive to ensure that escape is fast and successful. Heart rate and blood pressure increase to transfer blood to the large muscles. Breathing quickens to improve the flow of oxygen throughout the body. People sweat to cool off the body and perform more efficiently. In fact, all of these symptoms of arousal and fear are designed to make escape easier, allowing for survival in the face of danger.

Panic attack is the clinical term used to describe intense fear that occurs even though no realistic danger is actually present. Panic attacks can be triggered by specific situations that people fear (for example, giving an oral presentation, being in a high place, seeing a snake), and sometimes they occur out of the blue, without any obvious trigger. We discuss panic attacks in more detail later in this chapter.

To summarize, fear is an emotional reaction to an immediate danger, whereas anxiety is a state of apprehension about some future threat. For example, worrying about giving a presentation that is a week away is anxiety, whereas experiencing an adrenaline rush while in the midst of giving a presentation is more likely fear.

Here are a few points to remember:

- Anxiety and fear are normal emotions everyone experiences from time to time.

- Anxiety and fear are time limited. Even though they feel as though they may continue forever, their effects always decrease over time.

- Anxiety and fear have a helpful function in that they prepare you for future threats and protect you from danger. So, your goal should not be to rid yourself of *all* fear and anxiety. Rather, your goal should be to reduce your anxiety to a level that no longer interferes significantly with your life.

What Is a Social Situation?

A *social situation* is any situation involving you and at least one other person. Social situations can involve interacting with others (these are often referred to as *interpersonal situations*) or

can involve you being the focus of attention or being noticed by others (these are often called *performance situations*). Here are some examples of interpersonal and performance situations that people with high levels of social anxiety may fear:

Interpersonal Situations

- Asking someone out on a date

- Talking to someone in authority

- Initiating or maintaining a conversation

- Going to a party

- Playing an interactive game online

- Having friends over for dinner

- Meeting new people

- Talking on the telephone

- Sending a text or an e-mail

- Expressing a personal opinion

- Having a job interview

- Interacting with others on social media (for example, Facebook)

- Being assertive (for example, saying no when you don't want to do something)

- Returning an item to a store

- Sending back food in a restaurant

- Making eye contact

Performance Situations

- Public speaking

- Speaking in meetings

- Playing sports or participating in aerobics

- Driving in front of others

- Performing a piano recital

- Having others watch you work

- Leaving a recorded message on somebody's voice mail

- Getting married

- Acting on a stage

- Having someone else review your online profile

- Reading out loud in front of others

- Eating or drinking in front of others

- Using public bathrooms with others in the room

- Writing while others watch (for example, completing a form in public)

- Making a mistake in public (for example, falling down, dropping your keys, and so on)

- Walking or jogging on a busy street or some other public place

- Introducing yourself to a group of people

- Shopping in a busy store

What Is Social Anxiety?

Social anxiety refers to nervousness or discomfort in social situations, usually because of fear about doing something embarrassing or foolish, making a bad impression, or being judged critically by others. For many people, social anxiety is limited to certain types of social situations. For example, some people are very uncomfortable in formal work-related situations, such as presentations and meetings, but are quite comfortable in more casual situations, such as parties and social events with friends. Others may exhibit the opposite pattern, finding formal work situations easier than unstructured social gatherings. In fact, it's not unusual for celebrities to be quite comfortable performing in front of large audiences but to be shy and nervous interacting with people one-on-one or in small groups (do an Internet search of "shy celebrities" to find numerous lists of socially anxious performers).

The intensity of social anxiety and the range of feared social situations vary from person to person. For example, some people experience manageable fear, whereas others are completely overwhelmed by the intensity of their fear. For some people, their fear is limited to a single social situation (for example, using public rest rooms, public speaking), whereas others experience social anxiety in almost all social situations.

Social anxiety is related to a number of common personality styles and traits, including shyness, introversion, and perfectionism. People who are *shy* often feel uncomfortable in certain social situations, particularly when they involve interacting with others or meeting new people. Compared to people who are extroverted or outgoing, individuals who are *introverted* tend to be quieter and more withdrawn in social situations and may prefer being alone. However, introverted people may not necessarily be anxious or fearful when socializing. Finally, the trait of *perfectionism* is associated with a tendency to hold overly high standards for oneself that are difficult or impossible to meet. Perfectionism can lead people to feel anxious in public for fear that others will notice their "flaws" and judge them negatively. We discuss perfectionism later in this chapter.

How Common Is Social Anxiety?

It is difficult to obtain accurate estimates of the prevalence of social anxiety because different studies define social anxiety differently and used different questions when interviewing people about anxiety. Also, social anxiety is not something that one either "has" or "doesn't have." Rather, it exists on a continuum, rating from very low to very high. In fact, researchers have consistently found that almost all of us experience shyness and social anxiety from time to time. For example, in a survey of more than one thousand people from across the United States and elsewhere, psychologist Phillip Zimbardo and colleagues (Carducci and Zimbardo 1995; Henderson and Zimbardo 1999; Zimbardo, Pilkonis, and Norwood 1975) found that 40 percent currently considered themselves to be chronically shy, to the point of it being a problem. Another 40 percent reported that they had previously considered themselves to be shy. Fifteen percent considered themselves to be shy in some situations, and only 5 percent reported that they were never shy.

Researchers have also studied the prevalence of social anxiety disorder (a condition associated with extreme social anxiety that we will describe later in this chapter). The most comprehensive study to date involved a survey of more than nine thousand Americans (Kessler et al. 2005), in which about 12 percent had experienced, at some point, the symptoms necessary to receive a diagnosis of social anxiety disorder. In fact, this study found social anxiety disorder to be the fourth-most prevalent psychological problem after depression, alcohol abuse, and specific phobias (for example, phobias of animals, blood, needles, heights, flying, and so on). Other researchers have found the prevalence of social anxiety disorder to be lower than 12 percent, but almost all studies confirm that social anxiety disorder is a common problem (Kessler et al. 2009).

Differences Between Men and Women

Shyness and social anxiety are common in both sexes, although most studies have found that social anxiety disorder is slightly more prevalent in women than in men (Somers et al. 2006; Xu et al. 2012). There are a number of possible explanations for why women are more likely to report fearing social situations. First, it's possible that men are actually more anxious in social situations than they are willing to admit. For example, evidence from studies of other phobias suggests that men underestimate their levels of fear (Pierce and Kirkpatrick 1992). Second, there is research suggesting that parents are more likely to accept and even reward shyness and associated negative emotions (for example, sadness, fear) in girls than in boys (for a review, see Doey, Coplan, and Kingsbury 2014).

There also may be differences in the types of social situations that men and women fear. One study found that men with social anxiety disorder were more fearful than women of urinating in public bathrooms or returning items to stores, whereas women were more fearful than men of talking to people in authority, public speaking, being the center of attention, expressing disagreement, and throwing a party (Turk et al. 1998). Another study found that men with social anxiety disorder were more likely than women to fear dating and to use alcohol or drugs to relieve social anxiety (Xu et al. 2012). Women in this study were more likely than men to seek medication treatment for their social anxiety.

How Does Social Anxiety Affect People's Lives?

In this section, we will discuss how a person's social anxiety can affect relationships, work and school, and day-to-day activities. After reading each section, take a few moments to consider whether and how your social anxiety affects each of these areas of your life, and then describe this in the space provided.

Relationships

Social anxiety can make it difficult for people to establish and maintain healthy relationships. It can affect all types of relationships, from those with strangers and casual acquaintances to those with family members and significant others. For many people, even the most basic forms of social interaction (such as making small talk, asking other people for directions, saying hello to a neighbor) are very difficult. For some people, dating may be completely out of the question. Social anxiety may be more manageable around familiar people, such as close friends and family members—but not always. Sometimes, anxiety may actually increase as a relationship becomes more intimate. Also, social anxiety can interfere with existing relationships, particularly if a socially anxious person's partner wants to socialize with others on a

regular basis. The following case examples illustrate how social anxiety can have a negative impact on relationships:

- Amir has never been in a romantic relationship. Although others have expressed interest in dating him, he always makes excuses not to go out and usually doesn't return their texts and phone calls. Amir desperately wants to be in a relationship, but he just can't find the courage to take the initial steps.

- Elena is generally comfortable with her male colleagues at work, and she has several male friends with whom she socializes occasionally. However, as her relationships with men develop closeness, she becomes increasingly fearful that the other person will discover the "real" Elena and reject her. She has ended several relationships with men just as they were becoming close.

- Mateo frequently argues with his girlfriend about his unwillingness to spend time with her friends. Although he was quite shy and anxious when they first started dating, his social anxiety has started to put more of a strain on their relationship. Because of his anxiety, they spend a lot of time alone, but she wants to socialize as a couple with other people.

- James has gradually lost many of his friends over the years. After finishing high school, he kept in touch with his closest friends for a while. However, because of his anxiety, he often dreaded returning their calls and almost never accepted invitations to get together. Eventually, his friends stopped calling him.

- Alison's roommate consistently plays loud music after midnight, making it impossible for her to sleep. Despite feeling very frustrated and angry, Alison avoids asking her roommate to turn down her music for fear that her words won't come out right or that her roommate will think she is an idiot.

- When talking to people whom she doesn't know well, Ella tends to speak very quietly, keep her distance, and avoid eye contact. As a result, people at work have started to leave her alone, and they rarely invite her to lunch anymore.

In the space below, record the ways that social anxiety has affected your friendships and relationships.

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Education and Career

Significant social anxiety can have an impact on a person's education and career. It can affect the types of courses you take in school and the types of jobs you might take. It can also affect performance as well as your enjoyment of school or work. Consider the following case examples:

- Naveen turned down a promotion at work that involved significant supervisory responsibilities, including chairing a weekly staff meeting and training groups of staff. Although the promotion would have provided him with a significant increase in salary, Naveen was terrified of speaking in front of groups, and he couldn't imagine being able to lead the weekly meetings.

- Ruth dropped out of college partway through her third year. As a freshman and sophomore, she had been able to be anonymous in her large classes. However, when her classes became smaller during junior year, she felt increased pressure to participate in class. She began avoiding lectures and eventually left school.

- Len dreads going to work each day. He is terrified to speak to coworkers and avoids speaking to his boss at all costs. Although he never misses work, Len keeps the time he must talk to others to a minimum. He rarely takes a break for fear that others will ask to share their break with him or ask him to lunch.

- Jaime opted to complete her college degree online. The idea of having to meet other students on campus was terrifying.

- Cheryl has been out of work for two years. Although she often hears of jobs that might be interesting, the thought of having to go through a formal interview is completely overwhelming. On several occasions, she arranged for job interviews and then failed to show up because of her social anxiety.

- People at work think that Jason is a snob. He tends to be very serious, and he speaks very little. Even when someone asks him a question, he tends to answer with only one or two words. In reality, he isn't a snob; he is just very shy and anxious around people at work.

In the space below, record the ways that social anxiety has affected your work or education.

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Day-to-Day Activities

Social anxiety can affect just about any activity that involves contact with other people. The following examples illustrate the range of situations and activities that are often difficult for socially anxious people:

- Sita avoids shopping on weekends because the stores are crowded and she is fearful of having other people watch her. In fact, just walking down a busy street is sometimes difficult for her.

- Jatinder screens all his phone calls. He is very anxious when speaking to people on the phone because, compared to speaking face-to-face, he finds it more difficult to know how they are reacting to what he is saying. He prefers texting to talking on the phone.

- Kalinda stopped going to the gym. Exercising in front of other people was causing her too much anxiety. Instead, she exercises at home, where no one can see her.

- Reid noticed a small hole in a sweater he had just purchased. Although he had not worn the sweater, and it still had all the original tags, he was unable to return it for fear of looking foolish in front of the salesperson.

In the space below, record the ways that social anxiety has affected your day-to-day functioning.

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Social Anxiety Disorder (Social Phobia)

When social anxiety becomes severe, it may develop into a condition known as *social anxiety disorder* (also called social phobia), one of several anxiety disorders listed in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association 2013). The DSM-5 is the guide used by mental health practitioners to identify and diagnose various types of psychological problems. DSM-5 diagnoses don't tell us much about the *causes* of disorders; rather they are simply descriptions of behaviors and experiences that interfere with a person's life or cause distress. In short, they are a way of classifying emotional and psychological problems.

Although there is strong evidence that some of the DSM-5 disorders (for example, schizophrenia, neurocognitive disorder due to Alzheimer's disease) are associated with a biological

dysfunction, the evidence is much less clear for others. The disorders listed in the DSM-5 range from severe mental illnesses to problems that most people would consider "bad habits." For example, the DSM-5 includes the inability to quit smoking (tobacco use disorder) and problematic skin picking (excoriation disorder).

If your anxiety symptoms meet the diagnostic criteria for social anxiety disorder, that does not mean that you are sick, have a disease, or are mentally ill. What it does mean is that you are experiencing social anxiety at a level that bothers you or interferes with aspects of your functioning. Remember that almost everyone experiences social anxiety, shyness, or performance anxiety from time to time. People with social anxiety disorder experience the same types of anxiety-provoking thoughts and behaviors that most people experience. The difference is that people with social anxiety disorder experience social anxiety at a more intense level, more frequently, and in a wider range of situations than people who don't have the disorder. Fortunately, social anxiety disorder responds extremely well to the types of treatment discussed throughout this book.

Diagnostic Criteria for Social Anxiety Disorder

A person must have an intense fear of one or more social or performance situations to be diagnosed with social anxiety disorder. The fear must be related to concern about being negatively evaluated by others or doing something embarrassing or humiliating, leading to possible rejection. In addition, the fear must bother the individual or cause significant interference in his or her life. In other words, a person would not receive a diagnosis of social anxiety disorder if he or she had a strong fear of public speaking but didn't need to speak in front of groups and didn't care about having the fear. However, a person who fears public speaking and needs to speak in front of groups (for example, a schoolteacher) might be diagnosed if all other criteria are met. Social anxiety disorder can range in severity and scope. For some individuals, the focus of the problem is very narrow (for example, a strong fear of giving presentations), whereas at the other extreme an individual may fear almost all social situations.

Social anxiety is often a feature of other problems. For example, people with eating disorders may be nervous about having other people notice their unusual eating habits. People who wash their hands excessively due to obsessive-compulsive disorder (OCD) may avoid people for fear of being contaminated or of others noticing their OCD symptoms (such as frequent hand washing, red hands from washing, and so on). In these examples, the therapist would view social anxiety as part of the other problem, rather than social anxiety disorder being the problem. For social anxiety disorder to be diagnosed as a separate problem, there must also be extreme social anxiety unrelated to any other problems that are present. For example, the person might have a general fear of looking stupid, appearing boring to others, or making mistakes in front of other people—over and above the anxiety about having others notice his or her compulsive washing or unusual eating habits.

Diagnosing social anxiety disorder is complicated. The information outlined in this section gives you an idea of how mental health professionals distinguish different types of problems from social anxiety disorder. However, this overview will probably not be enough for the purposes of self-diagnosis. If you want to be sure about whether your symptoms meet the diagnostic criteria for social anxiety disorder, we recommend that you see a psychiatrist or psychologist who has experience and expertise assessing anxiety disorders.

Unfortunately, professionals don't always agree whether a person meets the diagnostic criteria for a particular disorder. For many people, the criteria outlined in the DSM-5 don't fit as neatly as we might like for an individual, which makes diagnosis especially challenging. Fortunately, an exact diagnosis isn't always necessary for selecting an effective treatment. The strategies described in this book will be useful for overcoming shyness and performance anxiety regardless of whether the full criteria for social anxiety disorder are met.

Three Components of Social Anxiety

In an effort to define shyness, Cheek and Watson (1989) surveyed 180 shy individuals about the types of experiences that are associated with shyness and social anxiety. Eighty-four percent of the participants' responses fell into one of three categories: the physical aspects of social anxiety (uncomfortable feelings and sensations), the cognitive aspects of social anxiety (anxiety-provoking thoughts, expectations, predictions), and the behavioral aspects of social anxiety (for example, avoiding social situations).

Cognitive behavioral treatments for social anxiety encourage people to think of their social anxiety in terms of these three components. In other words, when you feel anxious, you should pay attention to what you feel, think, and do. Breaking down your social anxiety into these components will help to make the problem feel less overwhelming and will set the stage for using the strategies outlined in this book.

Social Anxiety and Physical Feelings

Anxiety in social situations is often associated with a long list of arousal symptoms, and some of these may themselves be sources of fear and anxiety. For example, people with elevated social anxiety are often especially fearful of symptoms others might notice, such as shaky hands, sweating, blushing, and a trembling voice. Examples of arousal symptoms you may experience in social situations include:

- Racing or pounding heart

- Breathlessness or feelings of being smothered

- Dizziness or light-headedness

- Difficulty swallowing, choking feelings, or a lump in the throat

- Quivering or shakiness (for example, in the hands, knees, lips, or whole body)

- Blushing

- Nausea, diarrhea, or butterflies in the stomach

- Excessive sweating

- Shaky voice

- Tearfulness or crying

- Poor concentration or forgetting what you were trying to say

- Blurred vision

- Numbness and tingling sensations

- Feelings of unreality or of being detached

- Tightness or weakness in the muscles (for example, wobbly legs, sore neck)

- Chest pain or tightness in chest muscles

- Dry mouth

- Feeling hot or cold

When people are anxious, they differ with respect to the ways they experience these symptoms. Some people report many different arousal symptoms. Others report only a few. In fact, some people are not aware of any arousal symptoms when they are anxious.

There is also evidence that people are often unable to accurately report the intensity of these symptoms. People who are socially anxious often report that their symptoms are very intense, particularly those that might be visible to other people. However, this is often not the case. For the majority of socially anxious people, their symptoms are much less noticeable than they think. For example, a study by Mulkens and colleagues (1999) found that when socially anxious individuals were exposed to a stressful social situation, they were more likely than nonanxious individuals to believe that they were blushing. However, the study also found that there were no differences between socially anxious and nonanxious people with respect to the actual intensity of blushing.

Although in most cases anxiety symptoms are less noticeable than people think, there is no question that a small number of individuals have a tendency to blush, shake, or sweat in a manner that is clearly excessive and may actually be quite noticeable to other people. In other

words, some people blush easily and others don't. Some people have shakier hands than others, and some people perspire more than others. However, not everyone who blushes, sweats, and shakes excessively also experiences intense fear when around other people. In fact, many people are not terribly concerned about experiencing these symptoms in front of other people—for example, lots of performers go on stage each night despite sweating profusely.

In other words, experiencing these symptoms is not necessarily the problem. In fact, your beliefs about the meaning and possible consequences of these symptoms are at least as important a contributor to your social anxiety as the actual symptoms. If you didn't care whether other people noticed your physical anxiety symptoms, you would probably be much less anxious in social and performance situations. As a result, you would probably also experience fewer of these uncomfortable symptoms.

Not surprisingly, the arousal symptoms that you experience when you are anxious or fearful are similar to those that you experience with any intense emotion, including excitement and anger. The differences between fear, excitement, and anger manifest not so much in the way these emotions feel physically, but rather in the types of thoughts and behaviors associated with each. It is to these aspects of how we think when socially anxious that we now turn our attention.

Social Anxiety and Thinking

Strictly speaking, people don't react emotionally to the *situations* and *events* in their lives. Rather, they react to their *beliefs* and *interpretations* concerning these situations and events. In other words, given an identical situation, different people might have completely different emotional responses, depending on their beliefs about the situation.

Consider the following example: Imagine that you have interviewed for a job and are waiting to hear about the outcome of the interview. You were told that you would hear within a week. Two weeks have passed, and you still haven't heard from anyone about whether you were selected for the position. How would you feel? What emotions would you be experiencing? Well, you might be nervous if you thought the lack of a call was a sign that you didn't get the job. On the other hand, if you thought no call was a sign that a decision had not yet been made, you might feel more optimistic. You might be angry if you believed that the interviewer was treating you disrespectfully by not calling.

Often our beliefs are accurate; however, sometimes our beliefs are biased, exaggerated, or just plain wrong. For example, some people may be quick to assume that another person doesn't like them just because he or she seems uninterested during a conversation. In reality, there are many reasons why a person might look uninterested when talking to you:

- The other person is not interested in the topic of the conversation but still likes you as an individual.

- The other person is hungry.

- The other person is in a hurry (for example, he or she is late for an appointment).

- The other person is tired.

- The other person is feeling sick or unwell.

- The other person is shy or socially anxious.

- The other person is thinking about something stressful that happened earlier in the day.

- The other person is worrying about something that is coming up.

- The other person is someone who generally doesn't enjoy conversations.

- The other person is someone who always looks somewhat uninterested, even when he or she is having a good time.

- The other person is showing all the usual signs of interest, but you are not noticing the signs.

Many people experience anxiety-related thinking. If you are anxious in social situations, it's likely that you are either interpreting feared social situations as threatening in some way or are predicting that something negative is going to occur. The more often you experience social or performance anxiety, the more often you probably engage in this style of anxious thinking. We will provide a more detailed discussion of the role of thoughts in social anxiety in chapter 6. For now, here are common beliefs held by people who are socially anxious:

- It's essential that everyone likes me.

- If someone doesn't like me, it means I am unlikable.

- If someone rejects me, I deserve it.

- People should always be interested in what I am saying.

- People should never have a disapproving or bored look on their face when I am talking.

- People should never talk about me behind my back.

- If I make a mistake at work, I'll get fired.

- People will be angry with me if I make a mistake.

- I'll make a fool of myself if I give a presentation.

- People can tell when I'm nervous.

- My Facebook friends are all having more fun than I am.

- People find me unattractive, boring, stupid, lazy, incompetent, weird, weak, and so on.

- People are untrustworthy, judgmental, and nasty.

- I should be able to hide my anxiety symptoms.

- It's awful to blush, shake, or sweat in front of others.

- If my hands shake at work, it will be a disaster.

- Anxiety is a sign of weakness.

- I should not appear anxious in front of others.

- I won't be able to speak if I'm too anxious.

Social Anxiety and Behavior

The two most common behavioral responses to feeling anxious or frightened are to avoid the anxiety-provoking situation completely or to do something else to reduce the anxiety as quickly as possible. People engage in these behaviors because they are very effective at reducing discomfort—*in the short term*. However, in the long term, these behaviors maintain fear and anxiety in social situations because they prevent people from learning that their anxiety-provoking predictions are unlikely to come true. Below are some examples of behaviors that people often use to reduce their anxiety in social situations. Notice that some involve complete escape or avoidance. However, others involve partial avoidance, efforts to reduce anxiety, or attempts to protect oneself in the situation. These behaviors are often called *safety behaviors*, because people carry them out in an effort to feel safer in the feared situation:

- Asking who else will be at a party before deciding whether to accept the invitation

- Making an excuse to not have dinner with a friend

- Holding a glass tightly to stop hands from shaking

- Never answering questions in class

- Always arriving late for meetings and leaving early in order to avoid making small talk

- Offering to help with the dishes at a party in order to avoid talking to the guests

- Making an excuse to get off the telephone with a friend or coworker

- Including false information in an online profile to put yourself in a more positive light.

- Distracting yourself from your anxiety-related thoughts and images

- Having the room dark during a presentation in order to keep the audience focused on the slides rather than on you

- Checking your smartphone when in public to avoid making eye contact

- Filling out a check before arriving at a store in order to avoid having to write in front of others

- Avoiding eye contact and talking very quietly during conversations with others

- Wearing makeup and a turtleneck sweater to hide your blushing

- Always attending the office holiday party with a close friend, spouse, or other safe person, even though other guests usually attend alone

- Always arriving for meetings early to ensure that you won't have to enter the room after everyone else is already seated

- Always arriving at meetings a bit late so you don't have to engage in casual conversation before the meeting

- Having a couple of glasses of wine before meeting another person for a date

Interactions Among the Three Components

The cycle of fear and anxiety can begin with any of the three components we just discussed. For example, you may be talking to a colleague at work when you notice yourself perspiring slightly (physical component). That may lead to thoughts about whether your colleague notices your sweaty brow and wonders if there is something wrong with you (cognitive component). As your anxiety increases, the intensity of your physical sensations increases and your anxiety-related thoughts continue. Eventually, you may make an excuse to leave the situation (behavioral component).

Alternatively, the cycle may begin with the cognitive component. For example, before giving a presentation, you may tell yourself that you are going to lose your train of thought and that others will notice how uncomfortable you are. You imagine that the others will interpret your discomfort as a sign of weakness (cognitive component). As you continue to dwell on these thoughts, you notice your face beginning to feel flushed and your heart rate increasing (physical component). In the end, you decide to read your presentation word for word to be sure that your anxiety doesn't cause you to lose your place during the presentation (behavioral component).

Finally, the cycle may start with the behavioral component, namely avoidance and safety behaviors. By putting off getting together with friends for a long time (behavioral component), you are more likely to experience anxiety-provoking thoughts (cognitive component) about what might happen when you do see them, as well as uncomfortable physical feelings when you are actually in the situation (physical component). Although avoiding anxiety-provoking situations can be comforting in the short term, doing so can also make the situation even more uncomfortable when you finally confront it. The longer you put off an unpleasant task, the harder it is to start the task when you finally decide to do it.

Exercise

Over the next week or so, use the Three Components of Social Anxiety Monitoring Form to record your anxiety in terms of the three core components we just discussed. You can photocopy the form (found at the end of this chapter) or download it from http://www.newharbinger. com/33407. Try to complete the form each time you encounter a feared social situation (if possible, at least three times in the next week). In the first column, record the situation (including time and place). In the second column, record the intensity of your fear using a scale from 0 (no fear) to 100 (maximum fear). In the third column, record the physical sensations that you experienced in the situation. In the fourth column, record any anxiety-provoking thoughts or predictions that you are aware of regarding the situation. Finally, in the fifth column, record any avoidance or safety behaviors you used to reduce your anxiety. Use the completed sample form for guidance.

Other Problems and Features

Social anxiety is often associated with other problems, including panic attacks in social situations, perfectionism and excessively high standards, depression, negative body image, substance abuse, or anger and mistrust of others. We will discuss each of these associated difficulties below.

Panic Attacks

If you experience intense social anxiety, chances are good that you have had panic attacks in social and performance situations. A *panic attack* is a rush of fear that occurs in the absence of any realistic danger. For intense social anxiety to be deemed a panic attack, the fear must peak within minutes, although it often peaks immediately or within a few seconds of onset,

and you must experience at least four symptoms from this list of thirteen: racing heart, chest discomfort, dizziness, breathlessness, shaking, stomach discomfort, sweating, choking feelings, hot flashes or chills, feelings of unreality or detachment, numbness or tingling, fear of dying, and fear of going crazy or losing control.

For those who suffer from intense social anxiety, exposure to a feared social situation or even just thinking about being in a feared situation tends to trigger a panic attack. In addition, people who are socially anxious are often fearful of experiencing panic attack symptoms. Because socially anxious people often incorrectly view these symptoms as a sign that they are about to lose control, it's no wonder they want to avoid having panic attacks in front of others. Even though people who experience panic attacks are often afraid of losing control, going crazy, fainting, having a heart attack, or experiencing some other physical or social catastrophe, such consequences are extremely unlikely. In other words, panic attacks are uncomfortable, but they aren't dangerous. In fact, the symptoms often are not even noticeable to other people.

Perfectionism

Research from our clinic (Antony et al. 1998) and elsewhere has found that social anxiety is associated with elevated levels of perfectionism. Perfectionists hold standards that are unrealistically high and overly rigid. They may have exaggerated concerns about making mistakes and often go out of their way to ensure they avoid mistakes.

People with social anxiety tend to place too much importance on making a perfect impression. If it can't be guaranteed that they will be approved of by others in a social situation, they may feel very anxious in the situation or avoid socializing altogether. Perfectionism is different from simply having high standards. High standards are often useful because they motivate us to work hard and succeed. In the case of perfectionism, however, the standards are so high and inflexible that they actually interfere with performance by causing people to overprepare for tasks (for instance, spending hours rehearsing a presentation), to procrastinate (such as putting off preparing for a presentation), or to be overly critical of their own performance.

Depression

Given the impact that severe social anxiety has on a person's functioning, it is no wonder that a substantial number of people with social anxiety disorder also experience depression. Severe social anxiety can lead to isolation, loneliness, and deep sadness. Social anxiety disorder can prevent people from living up to their potential, which, in turn, can lead to feelings of hopelessness and depression. However, the relationship between social anxiety and low mood runs in both directions—depression can also increase the severity of social anxiety disorder.

People who are depressed are often embarrassed about feeling down, may assume that others don't want to be around them, and may avoid being around other people.

Social anxiety and low mood share a number of features. For example, they are associated with similar thought patterns—specifically, negative thoughts about oneself and about one's relationships. In addition, social anxiety disorder and depression may be related to similar biological processes in the brain. In fact, research has shown that the treatments (including both psychological treatments and medications) discussed in this book can be useful for both anxiety-based problems and depression.

Negative Body Image

People who are unhappy with their physical appearance may feel anxious when socializing or being watched by others. For example, people with eating disorders, such as anorexia nervosa and bulimia nervosa, may avoid activities that involve eating in front of others or showing their bodies (such as wearing shorts, swimming, or exercising in public). People who are overweight may be concerned about others judging their physical appearance negatively. In fact, dissatisfaction with any aspect of one's physical appearance (for example, losing your hair, not liking your nose, and so on) can lead to social anxiety.

Substance Abuse

Some people who experience excessive levels of social anxiety use alcohol or other drugs to cope with social situations. For example, research has shown that people with social anxiety disorder are at risk of developing a dependence on alcohol or cannabis (Buckner et al. 2008). This is not surprising; drugs such as alcohol reduce social anxiety as well as some of the physical symptoms associated with it (Stevens et al. 2014). For many people, using alcohol to cope with anxiety may involve having an extra glass of wine at a party or having a beer or two when eating out with friends. However, for some people, using alcohol or drugs to manage anxiety can become a problem if the use becomes excessive. If you use excessive amounts of alcohol or other drugs on a regular basis to feel more comfortable in social situations, it may be important to address this while working on your social anxiety. If the level of use of alcohol or other drugs is likely to interfere with social anxiety treatment, it is usually best to deal with the substance-use issue first.

Anger and Mistrust of Others

In addition to fearing the negative judgment of others, some people with high levels of social anxiety may have difficulty trusting others. For example, they may avoid confiding in

others, not only for fear of being judged but also because they're afraid that other people will not be able to keep a secret. Social anxiety can also be associated with elevated levels of anger and irritability. For example, some people with social anxiety disorder may become very angry or hostile when others look at them. They may also become angry at perceived rejections.

Overcoming Social Anxiety

Psychological strategies and medications have both been shown to be useful for overcoming social anxiety. We'll discuss each briefly.

Psychological Strategies

Although there are many different types of psychotherapy practiced by mental health professionals, only a small number of strategies have been shown to effectively reduce social anxiety in a relatively brief amount of time. The chapters in this book discuss four of these general approaches:

1. Exposure-based strategies teach you to approach feared situations gradually, over and over again, until they no longer provoke fear.

2. Cognitive strategies help you to identify anxiety-provoking thoughts and to replace them with more realistic ways of thinking.

3. Mindfulness and acceptance-based strategies teach you to accept unwanted thoughts, emotions, sensations, and other experiences, rather than trying to control them.

4. Basic communication skills teach you to communicate more assertively, meet people more easily, give effective presentations, and use nonverbal communication appropriately.

Medications

Research has shown that a number of medications, including a range of antidepressants and certain tranquilizers, effectively decrease social anxiety. As long as the person continues to take the prescribed medication, it can be about as effective as the psychological strategies discussed in this book. For some people, a combination of medication and psychological treatment is the most effective approach. In chapter 5 we will discuss the benefits and costs of using medications for treating social anxiety.

Three Components of Social Anxiety Monitoring Form

Situation (Place and Time)	Fear (0–100)	Physical Sensations	Anxiety-Provoking Thoughts or Predictions	Avoidance or Safety Behaviors

Three Components of Social Anxiety Monitoring Form: Completed Sample

Situation (Place and Time)	Fear (0–100)	Physical Sensations	Anxiety-Provoking Thoughts or Predictions	Avoidance or Safety Behaviors
At a party on Tuesday night: I said to Mike, "It's been ages since I saw you last," and he responded by reminding me that I just saw him last week!	90	Heart racing, sweating, shaking, short of breath	I can't believe I said that! Mike must think I'm an idiot for forgetting that I just saw him. Maybe he thinks I don't care enough to remember him. He must notice that I am a nervous wreck!	I apologized to Mike about five times and then went to the bathroom to get away from him. After about ten minutes, I made an excuse and left the party.
Wednesday evening: Preparing for a brief presentation on Friday.	70	Heart racing, muscle tightness	I will lose my train of thought. People will think I am incompetent. I will lose my job if I blow this presentation.	Had two glasses of wine to calm down. Rehearsed my presentation about twenty times. Asked a coworker to present with me.
Saturday afternoon: Walking through the mall.	50	Feeling flushed, palms sweaty, heart racing	People are staring at me. They can tell I'm anxious. They are probably thinking I look funny or that I walk funny.	I avoided eye contact with other people. After about five minutes I left the mall, even though I hadn't finished my shopping!

Why Do You Have These Fears?

Emily has been socially anxious for as long as she can remember. Both of her parents are somewhat shy, and her older sister is also extremely anxious in most social situations. Emily is convinced that her social anxiety is genetically based, given how strongly it runs in her family. But can she know that for sure? Is genetics the only way to explain why family members share a particular trait? Not at all. Family members share their genes, but they also learn how to think and behave by observing one another (as well as others).

It's impossible to know for sure where your own social anxiety came from, but this chapter may give you some clues. It's not helpful to think about your anxiety as being either entirely biologically or psychologically based. Rather, social anxiety (and all human behavior, for that matter) is the product of complex interactions among many different factors that affect each of us differently across our development (Spence and Rapee 2016). In this chapter, we review the influences that contribute to the development of social anxiety, including both biological and psychological factors.

Biological Factors

As with any emotion or personality trait, biology affects our tendency to experience anxiety in social situations (Fox and Kalin 2014). Biological processes such as natural selection, genetics, brain activity, and the levels of certain brain neurotransmitters and hormones may all contribute to social anxiety. We'll discuss each of these in this section.

Natural Selection: The Evolutionary Function of Social Anxiety

Natural selection is the process by which members of a species who are best able to adapt to their environments are the most likely to reproduce successfully, thereby passing along their genetic traits and causing the species to evolve gradually and to survive over a long period of

time. It makes sense that through natural selection, those among us who are most fit and healthy are more likely to survive and reproduce than those who are less so. However, several authors have argued that many *illnesses* may also have developed according to the same laws of natural selection—those thought to guide the more "positive" aspects of human evolution (Moalem and Prince 2007; Nesse and Williams 1994).

For example, in their book *Why We Get Sick: The New Science of Darwinian Medicine* (1994), Drs. Randolph Nesse and George Williams discuss how a number of uncomfortable conditions, such as sneezing from allergies, suffering from colds or fevers, and experiencing pain from injuries, all serve to protect us from potential dangers. For example, symptoms such as sneezing, coughing, and fever help to rid the body of potentially dangerous toxins and parasitic viruses. Likewise, pain following an injury is a warning sign that prevents us from moving our bodies in ways that could worsen the injury.

Might anxiety also improve our chances of survival? Many experts who study anxiety-related problems (for example, Willers et al. 2013) believe that anxiety symptoms do in fact have an evolutionary function. As we mentioned in chapter 1, the fight-or-flight response associated with fear and panic protects us from potential danger. When we are afraid, our body quickly mobilizes to either meet the danger head on or escape from it as quickly as possible. All of the sensations that we experience when we are frightened (for instance, increased pulse, faster breathing, sweating, and so on) are designed to help us meet the physical demands of confronting the threat (fighting) or escaping to safety (flight).

From an evolutionary perspective, it makes sense that we humans would develop a propensity to experience social anxiety. We are social beings, and as such we are very much dependent on those around us. None of us could survive without the help of others. As infants and children, we are completely dependent on our parents for food, shelter, comfort, and education. As we grow up, we continue to depend on other people. We depend on our employers to provide us with money for food and shelter. We depend on other people to build our homes, grow our food, heal our injuries, entertain us, and help us meet many of our day-to-day needs. Because of our dependence on one another, we learn at a very young age that it is important to get along well with people. Essentially, we want other people to like us. After all, consistently making a bad impression can lead to isolation, unemployment, poor health, and many other negative consequences.

Feeling anxious in social situations serves to remind us to pay attention to the effects our behavior has on those around us. If we didn't think about the impact of our behavior on others, we would probably get into trouble more often than not. We wouldn't bother dressing nicely or being polite. We might always say exactly what's on our mind without considering whether it might be hurtful. Feeling anxious in social situations protects us from offending other people and from doing things that might lead others to judge us in negative ways. So, not only is it normal to feel shy or socially anxious from time to time, but it's also helpful.

Of course, social anxiety and shyness are not always helpful. For example, extreme social anxiety can interfere with concentration, which, in turn, can cause a person to make more errors at work or school. In addition, socially anxious people often avoid taking social risks and may therefore find it difficult to make friends or to find work. Whereas mild to moderate levels of social anxiety are completely normal and potentially helpful, high levels of social anxiety can interfere with a person's functioning.

So, from an evolutionary perspective, people with social anxiety disorder do not have an *illness* per se, rather they have *too much of a good thing*. Social anxiety is helpful in small doses, but when it is too intense, it can make life more difficult.

Genetics and Social Anxiety

Social anxiety disorder appears to run in families. For example, a study by Stein and colleagues (1998) found that having a close relative (for example, a parent, sibling, or child) with *generalized* social anxiety disorder (extreme anxiety in most social situations) made an individual ten times more likely to have social anxiety disorder than individuals who didn't have a socially anxious relative. In contrast, the study found that more narrowly focused social fears (for example, a fear of public speaking only) were less likely to run in families.

Of course, just because multiple family members have social anxiety disorder doesn't necessarily mean that social anxiety is transmitted by genes. Environmental factors (for example, learning from one's parents and siblings) can also contribute to family members sharing certain behaviors and tendencies. To tease out the effects of genetic influences on social anxiety from the effects of environment and learning, scientists have relied on two main types of studies: twin studies and molecular genetics studies.

Twin studies examine the frequency of a problem across *identical twins* (who are 100 percent genetically identical) versus *fraternal twins* (who share, on average, 50 percent of their genetic material). Because twins tend to be raised in somewhat similar environments regardless of whether they are identical twins or fraternal twins, a higher social anxiety concordance rate in identical twins is thought to be evidence that genetics may have played a larger role in the development of social anxiety. (The term *concordance rate* refers to the probability of one person having a particular problem if his or her twin also has the problem.)

In 2003, scientists completed the Human Genome Project, which involved mapping all the genes in human DNA and determining the sequences of the three billion chemical base pairs that make up human DNA. This work has made it possible for scientists to study genes that may be involved in the development of social anxiety disorder and many other conditions, using research methods known as linkage studies and association studies. Collectively, research aimed at identifying and understanding specific genes and their functions falls within the field of molecular genetics.

So, what do we know about the role of genetics in social anxiety disorder? Most of the studies to date on genetics and social anxiety disorder have been twin studies (for instance, Kendler et al. 2001; Stein, Jang, and Livesley 2002; Torvik et al. 2016). Generally, twin studies have found modest to moderate levels of heritability for social anxiety disorder, suggesting that although genetics plays a role, other factors, such as a person's environment and experiences, are also very important—perhaps more so than genetics (Scaini, Belotti, and Ogliari 2014). Researchers are just starting to do molecular genetics studies in the area of social anxiety; so far, they haven't found specific genes to be consistently related to the development of social anxiety disorder (Knappe, Sasagawa, and Creswell 2015).

Genetics may influence the development of social anxiety disorder through *temperament*, which refers to an individual's typical patterns of behavior, mood, and personality—especially aspects of personality that are primarily innate versus learned. One such temperamental trait is *behavioral inhibition*, which is the tendency to be sensitive to new situations and to avoid unfamiliar people and situations (Kagan et al. 1984). Signs of behavioral inhibition are typically observed as early as infancy, and infants with elevated levels of behavioral inhibition tend to show higher-than-normal levels of physical arousal and other signs of anxiety (Spence and Rapee 2016). Consistent evidence suggests that children with elevated levels of behavioral inhibition are considerably more likely to develop social anxiety disorder during childhood or adolescence than children with lower levels (Clauss and Blackford 2012). Behavioral inhibition also increases the risk of developing other anxiety-related problems (Rosenbaum et al. 1993) and appears to have a strong hereditary basis (Clauss, Avery, and Blackford 2015).

Two other personality traits closely related to social anxiety appear to be heritable as well, with *heritability estimates* (the extent to which the transmission of a trait across generations is due to genetics) close to 50 percent across a wide range of twin studies (Plomin 1989). *Neuroticism* is a general tendency to feel distressed, anxious, nervous, and worried. *Introversion* is a tendency to be inwardly focused and socially withdrawn. Not surprisingly, shyness and social anxiety tend to be associated with both of these personality styles (Kaplan et al. 2015). Although previous twin studies have suggested that traits such as introversion and neuroticism are moderately heritable (Jang, Livesley, and Vernon 1996), a recent study using analyses based on molecular genetics suggests that neuroticism may be significantly heritable, whereas introversion may be less so (Power and Pluess 2015).

If genetics does play a role in the development of social anxiety, does that mean that social anxiety cannot be changed? Not at all. Our genetic makeup affects just about every aspect of who we are, including physical fitness, academic ability, depression, weight, personality, and even our interests and hobbies. Yet we all know that our behavior and experiences play an important role in determining how we behave and respond in these various domains.

For example, regardless of whether you are genetically predisposed to be athletic, training hard will improve your athletic ability. Furthermore, the environment (for example, the exercise habits that you learn while growing up) may have a profound effect on whether you

exercise regularly as an adult. Still, with respect to how hard people must train to become physically fit, there are differences. For some people, it comes easier, in part because of their genetic makeup.

The same reasoning holds true for social anxiety. A genetic predisposition for high levels of social anxiety and shyness simply means that you may have to work harder at overcoming the problem than someone who doesn't have such a tendency.

Brain Activity and Social Anxiety

A number of studies have found that social anxiety is associated with changes in activity in particular parts of the brain. For example, people with social anxiety disorder experience increased activity in the amygdala when exposed to stimuli representing a social threat, such as critical statements or photos of harsh or angry faces (Hattingh et al. 2013; Phan et al. 2006; Stein, Goldin et al. 2002). During public speaking, the amygdala appears to be more activated in people with social anxiety disorder than people who don't have this problem (Phan et al. 2006). The *amygdala* is a brain structure located in the limbic system; it is involved in the regulation of emotions, as well as the ways we respond to emotional stimuli. So, it's not surprising that this region would be activated when we feel anxious or frightened.

Other areas of the brain have been implicated in social anxiety (Britton and Rauch 2009; Caouette and Guyer 2014; Yokoyama et al. 2015), including the *anterior cingulate cortex* (an area involved in controlling emotions, thought, and heart rate, among other functions), the *medial prefrontal cortex* (a section involved in complex cognition, personality expression, and social behavior), the *insular cortex* (a section of the limbic system involved in the experience of basic emotions, including fear), and the *hippocampus* (a part of the limbic system that controls memory and spatial abilities). As further evidence of a link between social anxiety and brain activity, when we treat social anxiety disorder with either cognitive behavioral therapy, medication, or a combined treatment, we see a reduction in activity in the amygdala and hippocampus (Furmark et al. 2002; Gingnell et al. 2016).

Neurotransmitters and Social Anxiety

Neurotransmitters are chemical messengers that transmit information between cells in the nervous system. Studies examining the role of neurotransmitters in social anxiety have yielded mixed results (Phan and Klump 2014). Some suggest that the neurotransmitter *dopamine* may be involved in social anxiety, whereas other studies have failed to replicate these findings. Studies regarding the role of the neurotransmitter *serotonin* have also yielded mixed findings. However, research has consistently found that medications that work on the serotonin system decrease the symptoms of social anxiety disorder (more on this in chapter 5).

Hormones and Social Anxiety

Hormones are chemical messengers created by glands in the endocrine system and carried through the blood to various organs and tissues, where they regulate bodily functions and behaviors. In recent years, researchers have examined the role of certain hormones in social anxiety disorder.

Cortisol is a steroid hormone produced in the adrenal gland and released in response to stress. It (along with the neurotransmitter *norepinephrine*) is involved in triggering the fight-or-flight response that prepares the body to cope with threat. Research has shown that high levels of cortisol in early childhood predict the onset of social anxiety disorder by adolescence (Essex et al. 2010). Studies in adults have been mixed, with some suggesting that socially anxious individuals have elevated levels of cortisol, some showing lower levels, and some showing no association between cortisol and social anxiety (Phan and Klump 2014). These differences across studies may be related to the methods used, and further research is needed before any firm conclusions can be made regarding the role of cortisol in social anxiety.

Another hormone that may be relevant in social anxiety is *oxytocin*, a neuropeptide that is produced in the hypothalamus (an area of the brain) and released by the posterior pituitary gland. Oxytocin has a number of functions, one of which is to facilitate social bonding, contentment, and security in the context of relationships. Oxytocin may also increase the positive impact that social support normally has in protecting us from the effects of stress (Heinrichs et al. 2003). Recent studies suggest that administering oxytocin to individuals with elevated social anxiety may reduce their tendency to focus on socially threatening cues (Clark-Elford et al. 2014) and may enhance the effects of psychological treatments, such as exposure therapy (Guastella et al. 2009). Finally, oxytocin seems to reduce the amygdala's response to socially threatening cues in people with high levels of social anxiety (Gorka et al. 2015; Labuschagne et al. 2010). It's too early to say for sure, but it is possible that these findings will lead to new methods of treating social anxiety disorder.

Psychological Factors

In addition to biology, psychological processes also contribute to social anxiety and shyness. In this section we consider a number of psychological factors, including learning, cognitive factors (such as beliefs, attention, and memory), and behaviors, as well as their potential effects on social anxiety.

How Learning Contributes to Social Anxiety

A large number of studies suggest that learning plays an important role in the development of anxiety and fear. There are three main routes through which we learn to fear objects and

situations (Rachman 1976). First, directly experiencing a trauma or some negative consequence can lead to fear. For example, being bitten by a dog can teach a person to be afraid of dogs. Second, observing other people who are afraid of a situation can teach a person to be nervous. People may be more nervous behind the wheel of a car if they grew up with a parent who was an anxious driver. Third, hearing or reading about the dangers of a particular situation can cause or maintain a person's fear. For instance, reading about airline crashes can strengthen a person's fear of flying.

LEARNING BY DIRECT EXPERIENCE

Research has shown that negative social experiences (especially with peers) may contribute to the development of social anxiety (Blöte et al. 2015). For example, in a study from our center, people with social anxiety disorder were more likely to describe a history of severe teasing in childhood than were people with other anxiety problems (McCabe et al. 2003); however, this study did not look at whether teasing *caused* the social anxiety. In addition to teasing, there are many other examples of negative social experiences that may contribute to social anxiety:

- Being bullied by other children while growing up

- Having parents, friends, teachers, or employers who are overly critical

- Doing something embarrassing in a social situation (such as making an obvious mistake, vomiting, having a panic attack, and so on)

In the space below, list examples of negative consequences that you experienced in social situations that may have contributed to or helped to maintain your social anxiety.

_____

_____

_____

_____

LEARNING BY OBSERVING OTHERS

Observation is a powerful way of learning to fear specific objects and situations. This form of learning (also called vicarious learning) includes developing fear by observing role models who themselves are fearful in social situations or by witnessing another person experience a

negative event (for example, bullying or teasing) in a social situation. Research suggests that observational learning may be a factor in the development of social anxiety, and that brain regions discussed earlier in this chapter, such as the amygdala and the prefrontal cortex, may be implicated in this type of learning (Blair et al. 2016). Here are some other examples of observational learning experiences that may lead to the development of social anxiety:

- Growing up with family members who are very shy and who rarely socialize

- Watching a teacher severely criticize a classmate following a presentation

- Seeing coworkers become very anxious while giving presentations

- Witnessing a friend being teased by other students at school

In the space below, list examples of observational learning experiences that may have contributed to or helped to maintain your social anxiety.

_____

_____

_____

_____

LEARNING THROUGH INFORMATION AND INDIRECT MEANS

People can learn to fear social situations by encountering information that suggests these situations are unsafe (for example, being warned about the dangers of making a bad impression on others). Sources of such information may include the media, our peers, and our parents, to name a few. Studies have found that parenting styles (such as a tendency to be overly controlling or overly protective) are related to higher levels of social anxiety in children (Spence and Rapee 2016), and it is possible that this relationship is, in part, related to messages that parents communicate to their children. However, findings such as these should be interpreted cautiously; it is not known whether these parenting styles are a cause of social anxiety, a consequence of social anxiety, or whether there is some other variable that accounts for both heightened shyness in children and manifestations of these parenting styles. Here are a few examples of how transmitted information can lead to the development of social anxiety:

- Being repeatedly told by parents that it is very important to always make a good impression

- Being exposed to messages in magazines and on television that your image is the most important thing about you, and that you are only as attractive as other people think you are

In the space below, list examples of informational learning experiences that may have contributed to or helped to maintain your social anxiety.

_____

_____

_____

_____

Why Only Some People Develop Extreme Social Anxiety

Although negative experiences, observational learning, and informational learning are common routes by which people develop fears, they are not enough to explain why some people develop social anxiety and others don't. Almost everyone is exposed to negative experiences in social situations. Most of us are teased at one time or another. We are all exposed to anxiety-provoking messages at home, as well as through the media. And yet not everyone develops a problem with social anxiety. Why is this so?

It's most likely that there are other factors that influence whether a person develops problems with social anxiety following a history of negative social experiences. These factors can be biological, such as a person's genetic makeup. Previous learning experiences and the ways in which someone deals with negative social experiences may also influence the development of fear. For example, a person who is ridiculed the first time he gives a presentation may be more likely to develop a fear of public speaking than someone who is ridiculed on a single occasion after having given many successful presentations. Also, someone who is severely teased at school may be protected from developing social anxiety if close friends support her after the episode.

Finally, avoiding a social situation following a negative experience may increase the chances of developing social anxiety. You've probably heard that the best thing to do after falling off a horse is to get back on as soon as possible to avoid developing a fear of horses. The same is true of social anxiety. If you avoid a social situation following a traumatic experience, you may increase your chances of developing a fear of that situation.

How Thinking, Attention, and Memory Contribute to Social Anxiety

People with elevated social anxiety tend to think about social situations in a more negative way than do people who are less anxious (see also chapters 1 and 6). In addition to considering the role of anxiety-provoking beliefs, interpretations, and predictions, the ways in which we attend to and remember information may also be important for understanding the origins of social anxiety.

Numerous studies have investigated the role of interpretations, attention, and memory in social anxiety, and there is evidence that helping people to change their anxious thinking is an effective way of decreasing social anxiety. The research on thinking and social anxiety is reviewed elsewhere (Hofmann 2007; Kuckertz and Amir 2014; Spence and Rapee 2016), but the following findings are highlights of this research:

- Compared to people who don't have significant social anxiety, people who experience high levels of social anxiety believe negative social events are more likely to occur and rate them as more costly in terms of their consequences (Foa et al. 1996; Moscovitch, Rodebaugh, and Hesch 2012). For example, individuals with high levels of social anxiety tend to overestimate the negative consequences of past social blunders, as well as the social blunders they believe another person committed. This may be related to a belief that social standards of other people are high or inflexible, or both (Moscovitch et al. 2012).

- People with elevated social anxiety tend to evaluate their own performance (such as during a conversation or a speech) more critically than do people who have lower levels of social anxiety (Rapee and Lim 1992), and they are more critical of themselves than others evaluating their performance (Alden and Wallace 1995).

- Socially anxious individuals tend to overestimate the extent to which their physical symptoms (such as blushing) are visible to others (Mulkens et al. 1999).

- When presented with an ambiguous social situation (for example, a stare from someone else or a phone call that isn't returned), people with elevated social anxiety have a heightened tendency to interpret the situation negatively (Kuckertz and Amir 2014).

- Individuals with social anxiety disorder are more sensitive to negative feedback than individuals who are not socially anxious (Khdour et al. 2016).

- Compared to people who are less anxious, people with social anxiety disorder tend to pay more attention to information that represents a social threat than to nonthreatening information. For example, when asked to look at lists of words, people who are socially anxious spend more time looking at words that are related to social anxiety

(words such as "blush" or "party") than do those who are less anxious (Kuckertz and Amir 2014).

- Compared to people who aren't socially anxious, individuals with elevated social anxiety tend to pay more attention to angry faces (Hagemann, Straube, and Schulz 2016) and less attention to smiling faces (E. C. Anderson et al. 2013).

- Overall, studies on memory and social anxiety have yielded mixed results (Kuckertz and Amir 2014), though some have associated social anxiety with a better memory and an increased ability to recognize other people's faces, particularly if the person's expression appears to be negative or critical (Lundh and Öst 1996).

- Studies suggest that compared to people with low levels of social anxiety, individuals with elevated social anxiety are biased to recall more negative and social anxiety–related memories about themselves (Krans, de Bree, and Bryant 2014; Morgan 2010).

Taken together, these studies suggest that social anxiety and social anxiety disorder are associated with thinking styles that may actually make the problem worse. In chapter 6, we'll discuss methods for replacing anxiety-provoking thinking with more flexible and realistic thinking. A number of studies investigating the effects of these methods have found that treatment leads to a reduction in negative thinking (Hirsch and Clark 2004).

In the space below, list examples of how your thinking patterns, attentional biases, and selective memories may have contributed to or helped to maintain your social anxiety.

_____

_____

_____

_____

How Behaviors Contribute to Social Anxiety

As discussed in chapter 1, avoiding social situations and overusing safety behaviors can have the effect of maintaining or increasing social anxiety over the long term. In other words, the strategies that people use most frequently to cope with their fear may actually make the problem *worse*. For example, a recent study (Plasencia, Alden, and Taylor 2011) of individuals with elevated social anxiety examined the use of two types of safety behaviors during a social interaction: (1) safety behaviors involving avoidance (for example, averting eye contact), and (2) safety behaviors involving impression management (for example, rehearsing a presentation

over and over again to ensure one makes a positive impression on the audience). The study found an association between using avoidance safety behaviors and increased anxiety during interactions with others. The study also found an association between using impression management safety behaviors during the interaction with more negative predictions regarding a second scheduled interaction.

In addition, some behaviors that people with social anxiety disorder use to protect themselves in social situations can actually lead to the very outcome they fear most—a negative reaction from others. For example, if you speak very quietly, avoid eye contact, and avoid expressing your views and opinions when talking to other people at a party, people may choose to talk to someone else. They may interpret your behavior as a sign that you're not interested in talking or that you are a difficult person to get to know. In fact, the 2011 study by Plasencia, Alden, and Taylor supports the idea that using avoidance safety behaviors during a social interaction can backfire, as the study associated these behaviors with more negative reactions from others.

A related issue is the role of social skills in social anxiety. As reviewed earlier, individuals with elevated social anxiety are often more critical of their social skills and performance than are others who observed their performance (Alden and Wallace 1995). However, recent studies confirm that social anxiety is sometimes associated with actual deficits in social performance (Spence and Rapee 2016). In some cases, individuals may lack certain skills (for example, not knowing how to give an effective presentation). In many cases, however, their social skills are just fine. Instead, it's the anxiety and related behaviors that interfere with social performance rather than a lack of skills.

In the space below, list examples of behaviors that may have contributed to or helped to maintain your social anxiety.

In chapters 7 through 9, we'll discuss strategies for confronting feared situations and accepting unwanted feelings instead of using avoidance and safety behaviors to control anxiety and fear. And in chapter 10, we'll discuss strategies for improving communication skills and social performance.

CHAPTER 3

Getting to Know Your Social Anxiety

The first stage in working with a psychologist, psychiatrist, or other mental health professional is usually a period of evaluation and assessment. This process involves collecting information the therapist needs to better understand the nature and extent of the problem so that the best possible treatment plan can be formulated. This initial assessment almost always involves an interview, and it may also include various questionnaires and standard tests. Sometimes, the therapist may ask the client to start keeping a diary to monitor specific thoughts or behaviors.

In the case of social anxiety, the therapist may spend the first session (or even the first few sessions) asking questions about the client's social anxiety, about other difficulties the person may be experiencing, and about general background and life experiences. The therapist may also ask the individual to answer a series of questionnaires that measure social anxiety and related problems. In addition, the therapist may ask the client to complete diary entries between sessions to measure anxiety in social situations, feelings of depression, and any other aspects of the problem. The assessment process helps the clinician to understand the client's problems and is useful for choosing an appropriate course of treatment. In addition, repeating certain assessments from time to time allows the clinician to measure whether treatment is working (McCabe, Ashbaugh, and Antony 2010).

In the same way, a detailed self-assessment will help you to understand and address your difficulties with social anxiety. We strongly recommend that, before you begin working on changing your own social anxiety, you carry out a careful self-assessment. This assessment process will have four main benefits. It will

(1) allow you to measure the severity of your social anxiety,

(2) help you to identify key problem areas,

(3) make it easier to choose the most appropriate treatment strategies, and

(4) provide you with an opportunity to measure your improvement as you use the strategies described in this book.

Now we will discuss each of these issues in greater detail.

Measuring the Severity of Your Social Anxiety

The word "severity" takes into account such variables as the intensity of your fear in social and performance situations; the range of different situations that trigger your social anxiety; the frequency with which you experience intense social anxiety; the effect social anxiety has on your day-to-day life, career, and relationships; and the extent to which being socially anxious bothers you. Typically, as the severity of social anxiety increases, so does the intensity of the fear, the number of situations affected, the frequency with which anxiety is experienced, the level of interference with day-to-day functioning, and the extent to which a person is bothered by having the fear.

Identifying Which Problems to Work On

If you're like many people, you probably experience anxiety in a number of different social situations. A comprehensive self-assessment will help you to decide which fears to work on first. First, it will be important to identify which situations you fear and avoid. Next, you will need to identify your priorities—that is, which aspects of the problem you want to address first. When choosing your priorities, here are some suggestions to keep in mind:

- Begin working on problems for which you are likely to see quick changes. Early improvements will help to motivate you to work on more difficult problems.

- Try to work on fears that interfere the most with your day-to-day life. Being able to confront the most disabling fears will have a much bigger impact on your life than working on fears that are less important to you.

- If one of your treatment aims is very important to you but is just too overwhelming to deal with, divide that goal into smaller, more manageable objectives. For example, if you are afraid of dating, you could break the situation down into steps, such as saying hello to an attractive classmate, sitting beside the classmate for several weeks in a row, speaking with the classmate after class, offering to study with the classmate, and asking the classmate to have dinner with you after class.

Choosing the Best Strategies for Change

A self-assessment can also help you to decide which treatment strategies to use. In many cases, the specific treatment approaches you select will be directly related to factors you identify in your self-assessment. Consider the following examples of how an assessment can help you to select the best approaches for treatment:

- Identifying which situations you fear and avoid will help you select situations to use for exposure practices (as described in chapters 7 and 8).

- Identifying the extent to which you are fearful of the physical feelings that you experience when you are anxious will help determine whether you should use these sensations for exposure practices (as described in chapter 8).

- Assessing those areas in which your social performance can be improved will help you to decide whether to spend time working on the skills involved in assertiveness, public speaking, dating, or general communication. (See chapter 10 for strategies on improving various types of social and communication skills.)

- If you decide to take medications for social anxiety, the choice of which medication to try will depend on your previous response to medications, possible interactions with other medications you take, medical conditions you may have, side effects that you are willing to tolerate, as well as a number of other factors. If you are considering using medications, thinking about these issues should be part of your self-assessment (see chapter 5).

Measuring Your Improvement

Assessment is not only for the initial phase of treatment. Rather, the process of assessment should continue throughout treatment and even after treatment has ended. Continuing the assessment process throughout treatment will provide you with a way to measure how much your social anxiety has improved as a result of using the strategies described in this book. Conducting occasional self-assessments after treatment has ended will let you know whether treatment gains have continued over time.

A Step-by-Step Guide for Conducting a Self-Assessment

Therapists and clinicians who treat social anxiety use a number of tools to assess clients and patients. The most common of these include the following.

Self-Interviews

Clinical interviews involve asking people specific questions about their background, anxiety symptoms, and related problems. Simply talking is a quick way for therapists to get to know people and to learn about their difficulties. In this chapter, we describe how to conduct a self-interview.

Questionnaires

Questionnaires are paper-and-pencil tests that clients complete before beginning treatment and perhaps again during treatment and after it ends. They are used to provide additional information not covered in the interview, as well as to confirm and expand upon the information provided in the interview. The most commonly used questionnaires typically require a trained clinician for scoring and interpretation, and therefore we do not include them in this chapter.

Diaries

Diaries are completed on a day-to-day basis between therapy sessions. They are useful because they provide the client with an opportunity to record thoughts and feelings as they occur in the situation (or shortly after), rather than having to remember the details of the experience when meeting with the therapist days later.

Behavioral Assessment

A behavioral assessment involves directly observing a person's behavior or asking the person to perform a specific behavior and then measuring the thoughts and feelings that arise in that situation. The most common type of behavioral assessment for social anxiety is the behavioral approach test, which involves experiencing a feared situation and then reporting fear level, anxiety-related thoughts, and other reactions. Ideally, behavioral approach tests are conducted in actual feared social situations; however, if that is not possible, they can be conducted in simulated social situations using behavioral role-plays. For example, an individual might role-play or act out a simulated job interview with a friend, relative, or therapist playing the role of the interviewer.

Although a psychologist, psychiatrist, or other professional usually conducts these assessments, each can be adapted to be part of your self-assessment. We recommend that your assessment includes each of the following three steps:

- Conduct a self-interview (for example, answer important questions about your anxiety and related problems).

- Complete anxiety diaries (an example is the Three Components of Social Anxiety Monitoring Form included in chapter 1).

- Complete a behavioral approach test or behavioral role-play.

Conducting a Self-Interview

Any professional contact with a psychologist, psychiatrist, or other mental health professional typically begins with a clinical interview, during which the clinician asks questions about the client's problems. The interview helps the clinician to identify the most important features of the problem and is a first step toward developing an effective treatment plan. Consistent with this goal, we suggest that you conduct a self-interview, in which you answer important questions about your problem.

To help you with this process, we have identified ten basic questions you should try to answer at the start of your self-assessment. The answers to these questions will help you to decide whether social anxiety is in fact a problem for you, identify the factors that contribute to your social anxiety, and choose the specific situations that you need to work on most. At the beginning of chapter 4, we will suggest additional questions that will help you to develop a treatment plan.

Which Social Situations Do You Fear and Avoid?

For each of the following situations (divided into interpersonal situations and performance situations, as defined in chapter 1), rate from 0 to 100 the extent to which you fear the situation during a typical or average encounter and how often you typically avoid the situation. For example, if you have an intense fear of making presentations but avoid the situation only about half the time, your fear rating might be 80 and your avoidance rating might be 50. If the situation is one that you never encounter, base your ratings on how fearful you *imagine* you would be in the situation and how often you would avoid the situation if it did come up from time to time. Use the following scales to rate your fear and avoidance levels.

Fear Scale

0	10	20	30	40	50	60	70	80	90	100
None			Mild		Moderate			Extreme		Very Extreme

Avoidance Scale

0	10	20	30	40	50	60	70	80	90	100
Never Avoid			Rarely Avoid		Sometimes Avoid			Often Avoid		Always Avoid

Feared Social Situations Worksheet

Interpersonal Situations (Interacting with Others)

Fear	Avoidance	Item
_____	_____	Asking someone out on a date
_____	_____	Starting a conversation with a classmate or coworker
_____	_____	Going to a party
_____	_____	Having friends over for dinner
_____	_____	Being introduced to new people
_____	_____	Talking on the telephone with a friend
_____	_____	Talking on the telephone with a stranger
_____	_____	Communicating with friends or acquaintances over video conferencing (such as Skype)
_____	_____	Communicating with friends or acquaintances over social media (such as Facebook or Twitter)
_____	_____	Expressing a personal opinion (for instance, expressing your views about a movie that you saw recently or a book that you read)
_____	_____	Being interviewed for a job
_____	_____	Being assertive (such as refusing an unreasonable request)
_____	_____	Returning an item to a store
_____	_____	Sending back food in a restaurant
_____	_____	Making eye contact
_____	_____	Other: _____
_____	_____	Other: _____
_____	_____	Other: _____

Performance Situations (Being Observed by Others)

Fear	Avoidance	Item
_____	_____	Giving a presentation at work
_____	_____	Making a toast at a party or family gathering
_____	_____	Speaking in meetings at work or school
_____	_____	Playing sports or participating in aerobics in front of others
_____	_____	Standing in a wedding party at someone else's wedding
_____	_____	Singing or performing music in front of others
_____	_____	Eating or drinking in front of others
_____	_____	Using public restrooms with others in the room
_____	_____	Writing with others watching (such as signing a check or filling out a form)
_____	_____	Making a mistake in public (for instance, mispronouncing a word)
_____	_____	Walking or jogging in a busy public place
_____	_____	Introducing yourself in front of a group
_____	_____	Shopping in a busy store
_____	_____	Other: _____
_____	_____	Other: _____
_____	_____	Other: _____

Which Variables Make Your Anxiety Better or Worse?

An important step in your self-assessment is to become aware of the variables that make your fear better or worse in a given situation. For example, if you are fearful of eating with other people, there are many factors that could influence your fear in this situation, including who you're eating with, where you are eating, and what you're eating. Identifying the variables that affect your level of fear will help you to set up appropriate practices when you begin to use the exposure-based techniques discussed later in this book.

Below is a list of variables that sometimes affect a person's fear and anxiety in social situations. For each item, rate from 0 to 100 the extent to which the variable affects your level of fear or discomfort in the types of social situations that you fear. For example, if you are much more anxious when talking to a woman than to a man, you might rate the effect of the other person's gender on your anxiety at about a 75 or 80. Use the following scale to obtain your rating.

Effect on Your Discomfort Scale

0	10	20	30	40	50	60	70	80	90	100
No Effect			Small Effect		Moderate Effect			Large Effect		Very Large Effect

Your Anxiety Variables

Aspects of the Other Person and Their Effect on Your Discomfort

Effect on Your Discomfort   **Item**

_____   Age of the other person

_____   Gender of the other person

_____   Relationship status of the other person (for example, married, dating someone, single)

_____   Physical attractiveness of the other person

_____   Nationality or ethnic background of the other person

_____   How confident the other person seems

_____   How aggressive or pushy the other person seems

_____   How interesting the other person appears to be

_____   How educated or intelligent the other person appears to be

_____   Whether the person appears to have a good sense of humor

_____   How financially successful the other person seems to be

_____   How well dressed the other person appears to be

_____   Other: _____

_____   Other: _____

The Effect Your Relationship with the Other Person Has on Your Discomfort

Effect on Your Discomfort   **Item**

_____ How well you know the other person (family member, close friend, acquaintance, stranger, and so on)

_____ How intimate and close you are to the other person

_____ Whether there is a history of conflict between you and the other person

_____ The type of relationship (supervisor, coworker, employee) between you and the other person

_____ Other: _____

_____ Other: _____

How You Are Feeling and Its Effect on Your Discomfort

Effect on Your Discomfort   **Item**

_____ How tired you are overall

_____ General level of stress in your life at the time

_____ How familiar you are with the topic being discussed

_____ How prepared you are before entering the situation (For example, did you rehearse your presentation?)

_____ Other: _____

_____ Other: _____

Aspects of the Situation and Their Effect on Your Discomfort

Effect on Your Discomfort	**Item**
_____	Lighting (For instance, is the light level so high that you feel that any sign of your anxiety will be visible?)
_____	How formal the situation is (for example, eating at a wedding reception versus a casual dinner with friends)
_____	Number of people involved (such as presenting to a few coworkers versus a filled auditorium)
_____	Activity involved (eating, speaking, writing, and so on)
_____	Your physical position (seated, standing, and so on)
_____	Whether you can use alcohol or drugs to feel more comfortable
_____	How long you're stuck in the situation
_____	Other: _____
_____	Other: _____

What Are Your Physical Sensations and How Frightened of Them Are You?

Below is a list of physical feelings that people sometimes experience when they feel anxious, worried, or frightened. For each item, rate from 0 to 100 the intensity of the feeling during a typical exposure to an anxiety-provoking social situation. A rating of 0 means that typically you do not experience the sensation at all, and a rating of 100 means that the sensation typically is extremely intense when you encounter social situations that are a problem for you. Next, using a scale from 0 to 100, rate the extent to which you are fearful of experiencing the sensation in front of other people. A rating of 0 means that you are not at all concerned about this, and a rating of 100 means that you are extremely fearful of experiencing the sensation in front of others.

Intensity of the Physical Sensation Scale

0	10	20	30	40	50	60	70	80	90	100
Not at All			Mild		Moderate			Extreme		Very Extreme

Fear of Having the Physical Sensation in Front of Others Scale

0	10	20	30	40	50	60	70	80	90	100
No Fear			Mild Fear		Moderate Fear			Extreme Fear		Very Extreme Fear

Intensity of Sensation	Your Fear of Sensation	Sensation
_____	_____	Racing or pounding heart
_____	_____	Breathlessness or feeling smothered
_____	_____	Dizziness or light-headedness
_____	_____	Difficulty swallowing, choking feelings, or a lump in the throat
_____	_____	Quivering or shakiness (in the hands, knees, lips, or whole body)
_____	_____	Blushing
_____	_____	Nausea, diarrhea, or butterflies in the stomach
_____	_____	Excessive sweating
_____	_____	Shaky voice
_____	_____	Tearfulness or crying
_____	_____	Poor concentration (forgetting what you're trying to say)
_____	_____	Blurred vision
_____	_____	Numbness and tingling sensations
_____	_____	Feelings of unreality or of being detached from your body or things around you
_____	_____	Tightness, soreness, or weakness in the muscles
_____	_____	Chest pain or tightness in chest muscles
_____	_____	Dry mouth
_____	_____	Feeling hot or cold
_____	_____	Other: _____
_____	_____	Other: _____
_____	_____	Other: _____

What Are Your Anxiety-Provoking Beliefs, Predictions, and Expectations?

As discussed in chapter 1, your beliefs have a big impact on how you feel in social situations. For example, if you expect that others will think you are stupid, boring, weak, or unattractive, you are very likely to feel anxious around other people. On the other hand, if you are not especially concerned about what others think about you, you're much more likely to feel comfortable in a given situation. When we experience intense emotions (such as anxiety and fear), our beliefs and predictions are often inflexible, so it's hard to look at situations from different perspectives. Also, when we're anxious, our beliefs are often not completely based in reality. For people who experience elevated anxiety in social and performance situations, beliefs and expectations about these situations are often biased in a negative direction. These thoughts tend to exaggerate the likelihood of danger and lead the person to expect the worst, even when there is little reason to do so.

Cognitive therapy involves teaching people to identify and change their anxious beliefs, predictions, and expectations by looking at situations from many different perspectives and considering realistic alternative beliefs. Before you can change your thoughts, however, you need to be able to step back and observe them to figure out how they contribute to your anxiety.

Chapter 1 lists examples of thoughts and expectations that contribute to social anxiety. Some of these include basic assumptions, such as *It is important that everyone likes me* and *Nobody will ever think I am interesting.* Other anxiety-provoking thoughts may be focused on a particular situation, such as *If I arrive to class early, I won't be able to think of anything to say* and *People will think I am weird if they notice my hands shaking.*

To identify your own anxiety-provoking thoughts, we recommend the following steps. First, review the examples of anxiety-provoking thoughts listed in chapter 1 to get an idea of the types of thoughts often associated with social anxiety. Next, think of social situations that you find particularly difficult (for example, talking to strangers, eating with other people, speaking at meetings) and try to answer the questions below. Your answers will give you an idea of the types of thoughts, predictions, and expectations that help to maintain your anxiety.

Your Anxiety-Provoking Beliefs

What am I afraid will happen in the situation?

_____

_____

_____

What might people think about me in the situation?

_____

_____

_____

Is it almost always important that I make a good impression? Why?

_____

_____

_____

How will I react (what symptoms will I exhibit) in the situation?

_____

_____

_____

What if my expectations come true? What might that lead to?

_____

_____

_____

Am I aware of any other beliefs or predictions that contribute to my anxiety?

_____

_____

_____

If you find it difficult to answer these questions for social situations *in general*, try answering them for a *specific* social situation in which you felt especially anxious. Can you recall a recent time when you felt anxious in a social situation? What thoughts were going through your mind? What were you predicting would happen?

_____

_____

_____

What Are Your Anxiety-Related Behaviors?

Anxiety and fear are usually accompanied by a strong urge to do something to reduce these uncomfortable feelings. Are there behaviors that you use to reduce your anxiety? Here are some examples.

Avoiding social situations. Are there situations that you refuse to face? For example, do you avoid going to parties, particularly when you won't know people there? When the telephone rings, do you avoid answering it? Do you turn down opportunities to do presentations even when they are important? Do you avoid posting to social media for fear of being judged by your peers? Avoidance is one of the most common behaviors that helps to maintain your fear and anxiety. Earlier in this chapter you rated the extent to which you fear and avoid various social situations. As part of this review of your anxious behaviors, look over that list again and note which situations you tend to avoid at least some of the time. If there are any other situations that come to mind, list them on the following lines.

_____

_____

_____

_____

Overcompensating for perceived deficits. In social situations, do you try extrahard to compensate for perceived flaws or faults? For example, do you overprepare for presentations by putting together too much material, memorizing the presentation, or reading the presentation word for word from your notes? Do you rehearse everything that you are going to say before meeting a friend for dinner, just in case you become overly anxious and lose your train of thought? Do you go out of your way to talk a lot to appear outgoing, just so people won't notice that you're anxious? Do you post false information about yourself online to prevent possible negative judgment from others? Each of these is an example of how people sometimes overcompensate to cover up what they perceive to be flaws. If you can think of examples of times when you overcompensated in social situations for what you thought were flaws or faults, list them below.

_____

_____

_____

_____

Excessive checking and reassurance seeking. Social anxiety, shyness, and performance anxiety can lead people to engage in frequent checking and reassurance-seeking behaviors. Examples include frequently looking in the mirror to make sure that your hair is perfect and continually asking your friends to reassure you that you are interesting or smart.

Although it is helpful to seek reassurance from time to time, constantly seeking reassurance can have a negative impact by helping to maintain your fear. By asking for reassurance over and over again, you may strengthen your belief that there is something wrong with you (Why else would you need to check so often?). Also, you run the risk of never learning to provide yourself with the reassurance that you may need. And constantly asking others for reassurance may cause some of your greatest fears to come true, because doing so may negatively affect how others view you. People may get tired of always having to provide you with

reassurance. Also, if you constantly ask others to make judgments about you (for instance, to tell you how smart, attractive, or interesting you are), you may actually be training them to scrutinize you more than they might otherwise be inclined to. In the space below, list examples of times when you engaged in excessive checking or reassurance seeking.

_____

_____

_____

_____

Other subtle avoidance and safety behaviors. Overcompensating for perceived deficits as well as excessive checking and reassurance seeking are examples of safety behaviors; people use them to feel safer in social situations or to prevent possible harm. Unlike completely avoiding feared situations, these are more subtle avoidance behaviors, and they can be more difficult to notice. Are there other subtle ways you avoid situations, or are there other safety behaviors you use to protect yourself from feeling anxious in social situations?

For example, if you have to give a presentation, do you stand in a particular place? Do you wear certain clothes to hide "defects" that you perceive in your appearance? Do you purposely end the presentation late so there is no time for questions? Do you use videos or slides so the focus won't be on you? Do you avoid making eye contact with the audience? If you're attending a party, do you purposely stay close to someone you know well so you won't have to talk to other people? Do you have a drink or two as soon as you get to the party so your anxiety doesn't get too high? Do you offer to help in the kitchen so you won't have to talk to the other guests? Do you take frequent bathroom breaks to avoid being with others? When you're talking to another guest at the party, do you ask the other person lots of questions to keep the focus of the conversation off of you?

All these are subtle avoidance strategies that people sometimes use in social situations. As discussed in chapter 1, these behaviors may decrease your anxiety in the short term by helping you to feel safer. However, in the long term their use typically prevents your anxiety from decreasing naturally over time because they prevent you from learning that the situations you fear can be safe and manageable without relying on subtle avoidance strategies. In the spaces that follow, list examples of subtle avoidance or safety behaviors that you use to manage your anxiety in social situations. Because these behaviors may differ from situation to situation, there is space to record behaviors for up to five different social situations.

Social Situation	Subtle Avoidance and Safety Behaviors
1. _____	_____
	_____
	_____
2. _____	_____
	_____
	_____
3. _____	_____
	_____
	_____
4. _____	_____
	_____
	_____
5. _____	_____
	_____
	_____

Comparing yourself to the "wrong" people. One of the ways we evaluate ourselves is to make comparisons with other people. In school, we ask our classmates how they did on their exams to get an idea of how our own work compares. We are curious about our coworkers' salaries, in part, because having that information is a way of knowing whether we are being paid fairly.

Research has consistently found that most people compare themselves to others whom they perceive to perform similarly or slightly better in a particular dimension. For example, an average student is likely to compare his grades to those of other average students, or to slightly better-than-average students. Similarly, a top marathon runner tends to compare her performance to other top runners in order to judge the quality of her own performance. This pattern

of social comparison makes sense because it is likely to provide information people can use to gauge their performance. Comparing yourself to someone whom you perceive to be much better or much worse than you in a particular dimension will provide information that isn't especially relevant. For example, if you're a musician who plays mostly in local clubs, it doesn't make sense to compare your success to that of the most popular and successful musicians in the world. Making such comparisons is likely to cause you to feel inadequate, perhaps leading you to dwell on how you can't possibly compete with the best.

Research from our center (Antony et al. 2005) suggests that socially anxious people make different types of social comparisons than less anxious people. Specifically, social anxiety is associated with a tendency to make "upward" comparisons. In other words, socially anxious people are more likely to compare themselves to people whom they perceive to be better. Upward comparisons increase the likelihood that an individual will feel worse after making the comparison.

Can you think of recent examples of when you compared yourself to someone you perceive to be more attractive, more competent, less anxious, stronger, or smarter than you are? Or, did you make an upward comparison on some other dimension? How did you feel afterward? Do you often compare yourself to people you perceive to be ideal or perfect in a certain dimension, rather than people you perceive to be typical or average? In the space below, describe a time you compared yourself to someone who was much "better" than you in some way.

Could You Benefit from Improving Your Social and Communication Skills?

Everyone gives off the wrong impression at times simply because they didn't know how to communicate a particular message to another person or group. Generally, this is not a big problem—unless it happens frequently or in situations in which there is a lot at stake.

In most cases, socially anxious people have fine social skills, though they tend to assume that their social skills are much worse than they actually are. Furthermore, as their anxiety decreases and they obtain more practice interacting with others in the situations they fear, their skills tend to improve. However, anxiety may interfere with social performance from time to time, and some skills may be rusty if there haven't been occasions to practice them.

Below we discuss skill areas you may want to consider improving. Working on these skills may be particularly helpful for learning the subtleties of navigating situations you have avoided over the years. For example, if you have never dated, practicing how to ask someone out on a date can maximize your chances of a positive response. As you read through the examples, try to identify people skills that you may want to work on. There is space at the end of this section to record your responses.

Assertiveness. Do you have difficulty being assertive? In other words, is it hard for you to say no if someone asks you to do something that you don't want to do? Is it difficult to ask people to change their behavior if they are treating you unfairly or aren't doing their share of the work? At times, most people find it difficult to deal directly and assertively with people in situations like these. However, the more difficulty you have in situations that call for assertive communication, the more you have to gain from learning assertiveness skills.

Conflict skills. Do you tend to avoid communicating directly with others in situations involving conflict? Or, do you find that sometimes your anger gets the best of you, leading you to yell or storm out of the room even when the situation doesn't call for such a response? Social anxiety is often associated with difficulties keeping other emotions in check, including anger. If that's the case for you, then learning to communicate effectively in conflict situations may be helpful.

Body language, tone of voice, and eye contact. Do you have difficulty making eye contact? Does your tone of voice or body language send the message that you are not open to interacting with others? Behaviors that convey such messages include speaking very quietly, letting your voice drop off at the end of your sentences, standing far away from other people when you're talking with them, answering questions with very short responses, and displaying a "closed" body posture (such as crossing your arms and legs). Although you may use these behaviors to protect yourself in social situations, they often have the effect of turning others away. If you send the message to others that you are unavailable, they will be more likely to stay away. In other words, your efforts to avoid rejection may lead to the rejection you fear.

Conversation skills. Do you have difficulty knowing what to say to people at work or school? Is it hard to know how or when to end conversations? Do you have trouble locating the fine line between appropriate self-disclosure and talking too much about yourself? Do your comments often offend other people? Do you often clarify what you have said over and over again, or apologize repeatedly to ensure that you haven't been misunderstood? If you have difficulty making small talk or engaging in casual conversations, you may benefit from improving these skills.

Meeting new people. Do you have difficulty knowing what to say when you want to initiate contact with new people? Do you have difficulty asking people out on dates? Do you not know how and where to meet new people? There are lots of different places to meet new people and

lots of tricks to make meeting people easier. The first step is to identify whether this is a skill area you would like to work on.

Presentation skills. Speaking effectively in public involves a number of complex skills and behaviors. It's not enough to be calm and confident. An effective speaker also knows how to maintain the audience's interest by using humor and effective audiovisual aids and handouts, by stimulating audience participation, and by conveying an interest in the topic. If you fear making presentations, part of overcoming this fear may include improving your speaking skills.

In the space below, list any social or communication skills that you'd like to improve.

_____

_____

_____

_____

How Much Does Your Social Anxiety Bother You or Interfere with Your Life?

As we discussed in chapter 1, social anxiety, shyness, and performance-related fears are only a problem if they interfere with aspects of your functioning, or if having the fear is troublesome for you. So, as part of your self-assessment, it's important for you to determine which aspects of your fear trouble you and which don't. Are there particular situations for which you are most interested in overcoming your fear? For example, it may be important for you to overcome your fear of socializing with friends but relatively less important to overcome your fear of speaking in front of large groups if that situation never arises.

In the space below, record (1) the ways that social anxiety interferes with your functioning (including work or school, social life, relationships, hobbies and leisure activities, home and family life), (2) the specific aspects of your social anxiety that you most want to change, and (3) any aspects of your social anxiety that you are not interested in working on.

The Ways Social Anxiety Interferes with My Life

_____

_____

_____

Aspects of My Social Anxiety That I Want to Change

_____

_____

_____

Aspects of My Social Anxiety That I Don't Want to Change

_____

_____

_____

How and When Did Your Social Anxiety Begin?

How old were you when you began having significant anxiety in social situations? What was going on at that time in your life?

_____

_____

_____

How old were you when social anxiety began to interfere with aspects of your life? What was going on at the time?

_____

_____

_____

What has the course of your social anxiety been over the years? Has it improved, stayed the same, or worsened? Are you aware of factors that may have caused it to change over the years (for example, getting married, moving to a new neighborhood, and so forth)?

_____

_____

_____

Are there specific events that caused you to become more nervous in social situations or worsened your social anxiety? Examples include presentations that didn't go well, being teased while growing up, or doing something embarrassing or humiliating in public.

_____

_____

_____

Does Anyone Else in Your Family Have This Problem?

Are you aware of anyone else in your family having problems with shyness, social anxiety, or performance-related fears? If so, do you think that this had an influence on how you feel in these situations? If yes, how?

_____

_____

_____

Are There Physical Conditions That Contribute to Your Social Anxiety?

For some individuals, physical or medical conditions may influence their tendency to experience social anxiety. For example, compared to people who don't stutter, people who stutter may be more nervous talking to others. Often, their fear is exclusively related to a

concern that they will stutter and that others will notice. Similarly, people suffering from other medical conditions (for example, shaking due to Parkinson's disease, having to move about in a wheelchair, not being able to write neatly due to severe arthritis) may be self-conscious about others observing their symptoms.

Some people who don't suffer from a medical condition may still have a tendency to have shaky hands, to blush easily, or to sweat excessively, independent of their fears. For these individuals, these reactions tend to be very intense and may even occur outside of social situations or when they are not particularly anxious. Although many people who experience these symptoms are not concerned about others noticing, these extreme symptoms contribute to the social anxiety of some.

Do you suffer from any physical conditions or medical illnesses that add to your anxiety around other people? If so, record the details below.

_____

_____

_____

Diaries

The diaries used to assess social anxiety are usually forms on which individuals record their anxiety-related symptoms, including frequency of exposure to feared situations, anxiety levels (using a numeric scale, such as 0 through 100), uncomfortable physical sensations such as blushing or shaking, thoughts and predictions (for instance, *I will make a fool of myself during this presentation*), and behaviors such as avoidance and distraction. The Three Components of Social Anxiety Monitoring Form, which you completed in chapter 1, is an example of such a diary. In later chapters we present numerous other forms and diaries, which are designed to be used with specific treatment techniques.

Behavioral Assessments

A commonly used behavioral assessment for social anxiety is the behavioral approach test, or BAT. This assessment involves physically entering a feared situation and measuring your anxiety and associated symptoms. For example, if you are afraid of public speaking, you might force yourself to speak at a work meeting. After the meeting, you can record the particulars of the situation (who else was there, how long you spoke for, and so on), your fear level (for

example, 80 out of 100), any sensations you experienced (for example, a racing heart), your anxiety-provoking thoughts (*My words will come out all jumbled.*), and whether you engaged in any avoidance or safety behaviors (such as avoiding eye contact).

If it is too frightening to try this in a real-life situation, or if it is impossible to do so for another reason, you can complete the behavioral approach test in the form of a *role-play*. In a role-play, instead of being in the real situation, you act out the feared situation with a therapist or another individual. For example, if you are afraid of job interviews, you might practice a job interview with a collaborator or helper (for example, a friend, family member, or therapist) taking the role of the interviewer. Following the practice, you record the particulars of the situation, your fear level, your anxiety-related thoughts, and your avoidance behaviors.

Therapists use behavioral approach tests because they have several advantages over traditional forms of assessment, such as interviews and questionnaires. First, they are less likely to be influenced by the difficulties people have remembering the details of their fears. For example, some people overestimate or underestimate their fear levels when asked to describe the fear they experienced during past exposures to feared situations. Their memories may be influenced by a particularly negative experience in a feared situation, and, as a result, they may report that their fear was actually higher than it typically is. Also, people's memories regarding their reactions may be poor simply because they typically avoid the fearful situation, making it difficult to know for sure how they feel when they are exposed to the situation.

Another advantage of behavioral approach tests is that they allow the therapist and the client to directly observe anxiety-related thoughts and behaviors that might otherwise go unnoticed. They also allow the therapist (or helper) to independently assess the extent to which the client's physical manifestations of fear, such as shaking, blushing, or sweating, are actually noticeable to others.

Can you think of a behavioral approach test or role-play that you can set up for yourself? For example, if you are fearful of speaking up in a meeting, try doing it anyway. Immediately after the meeting, record a description of the situation, your fear level, your physical sensations, any anxiety-provoking thoughts, and the avoidance behaviors and safety behaviors you engaged in while conducting the practice. Did it go better than you expected it to go? Was it worse? Was it about what you expected?

Troubleshooting

You may find that your self-assessment does not go as smoothly as you might like. Here are some common problems that may arise, as well as some solutions, suggestions, and words of reassurance.

Problem: I didn't know the answers to all the questions.

Solution: That's to be expected. As you progress with treatment, you will have an opportunity to become better acquainted with your social anxiety. Self-assessment is an ongoing process, and it's not necessary to have all the answers before you start to work on changing your social anxiety. In fact, there may be some questions that you will never know the answers to, and that's okay. The purpose of this chapter is just to help you better understand the areas that are causing you the most difficulty.

Problem: Answering these questions increased my anxiety.

Solution: This is quite common. Conducting a self-assessment forces you to pay attention to the thoughts that contribute to your anxiety. Your increased anxiety will probably be temporary. As you progress through the treatment procedures discussed throughout this book, it is likely that focusing on the thoughts and feelings associated with your social anxiety will become less anxiety-provoking.

Problem: My answers to these questions depend on many different variables, so I find it difficult to come up with responses for some questions.

Solution: People undergoing an assessment often raise this concern. Questions are often difficult to answer because the responses depend on so many different factors. For example, the answer to the question "How fearful are you of public speaking?" may depend on such things as the topic of the presentation, the number of people in the audience, the lighting in the room, the length of the presentation, how prepared you are, and many other factors. We suggest that for difficult questions you calibrate your response to typical or average situations. So, if your fear of public speaking ranges from 30 to 70, depending on the situation, you could put down 50. If you prefer, you could just record the range 30 to 70, which would be more accurate.

After reading this chapter, you should have a better understanding of the nature of your social anxiety. You should be more aware of the types of social situations that you fear and avoid, the variables that affect your discomfort level, the physical sensations that you experience when you are anxious, the thoughts and behaviors that contribute to your fear, and the ways that social anxiety interferes with your life. Understanding these aspects of your social anxiety will help you to choose the best strategies for overcoming your fear as you work your way through the rest of this book.

How to Overcome Social Anxiety and Enjoy Your Life

Creating a Plan for Change

This chapter will help you to consider the range of factors that are important to consider when developing a treatment plan. These factors include deciding whether this is the best time for you to work on your social anxiety, addressing the issue of motivation and readiness for change, selecting treatment goals, trying to understand why treatment may or may not have worked in the past, and understanding your current options for treatment.

Is Now the Best Time to Start This Program?

In some ways, it may seem as if there is never a good time to begin a new project. There are almost always competing demands that make it difficult to find free time or extra energy to start something new. Work may be unusually busy, you may be getting over a cold, or your children may be a handful right now. Although the time may not be perfect, you will need to decide whether it is even possible for you to start this program given your current life circumstances. Your chances of getting the most out of this book will depend on whether you answer yes to the following questions:

- Are you motivated to become less shy or to decrease your social anxiety? Are these things that you really care about right now?

- Are you willing to feel more anxious in the short term in order to feel more comfortable in social and performance situations in the future?

- Are you able to put aside, at least to some extent, other major problems and stresses in your life (such as those involving family and work) so that you can focus on learning to manage your social and performance anxiety?

- Are you able to set aside blocks of time several days per week to practice the techniques described in this book?

After considering these questions carefully, you may decide that the timing is right to work on your social anxiety. However, you may also decide that you would rather wait until

your life circumstances change. If that is the case, reading this book may still be helpful because it contains techniques you can use from time to time, as you need them. However, making big changes will require that you use them frequently and consistently.

Are You Ready for Change?

Experts have identified five stages that people go through as they contemplate making a behavioral change, such as quitting smoking, losing weight, or improving work habits (Prochaska, DiClemente, and Norcross 1992). What is often referred to as the *transtheoretical model of change* describes these five stages:

1. **Precontemplation:** At this stage, people are unaware that they have a problem or have no intention of changing, either because they are unwilling to change or are convinced that change is impossible. An example is someone with weight issues who is convinced that "nothing can be done about my weight, so why bother trying."

2. **Contemplation:** At this stage, the individual intends to change soon (for example, in the next six months). The person is aware of the benefits of changing but is also still focused on the possible costs. An example is a smoker who is thinking about quitting in a few months.

3. **Preparation:** At this stage, the person is ready to change in the near future (for example, in the next month). The benefits of change are much more obvious to the person than the costs of changing. An example is someone who has decided to join a gym in a couple of weeks to become more fit.

4. **Action:** At this stage, the individual actually takes steps to change a problem behavior. For example, an individual who feels depressed might start to see a therapist for help treating the depression.

5. **Maintenance:** At this stage, the individual has made the change and is taking steps to prevent the problem behavior from returning. An example is an individual with a history of problem drinking who has been sober for six months and has stopped spending time with people who drink excessive amounts of alcohol.

Although research has mostly studied this model with people who are working on changing health habits (for example, exercise, diet, substance-use problems, improving medication compliance), it can also be applied to treating shyness and social anxiety. The further along you are with respect to these stages of change, the more likely you are to benefit from the techniques described in this book. For example, if you are in the action stage, you will likely get more out of this book than if you are at the precontemplation stage and have no intention of making any changes.

Of course, these stages overlap with one another, and deciding which stage you are in is not always clean-cut. In fact, you may be at a different stage for different aspects of your social anxiety. You may be convinced that it is completely impossible to ever date (precontemplation), but you may be thinking about finding a better job over the next few months (contemplation). You may also have signed up for a night class so you can start to meet new friends (action). Fortunately, as you make changes in some areas, you may become more ready to make changes in other areas.

Ambivalence and Change

Ambivalence is a normal part of change. If you are like most of us, you probably have one voice in your head telling you all the reasons to overcome your anxiety, and another voice telling you to leave things the way they are. For example, just about everyone who visits our clinic wants to reduce their anxiety, yet many of them are also apprehensive about treatment. In fact, a study conducted at our clinic found that many people seeking help for various anxiety problems (including social anxiety) had concerns from three main categories (Rowa et al. 2014):

1. Possible negative responses to treatment (For example, "Treatment will make me more anxious"; "Treatment won't work"; "If treatment doesn't work, it will mean I have failed.")

2. Possible inconvenience of treatment (For example, "Treatment will take up too much time"; "If I go for treatment, people may find out about my problems"; "Treatment will be too expensive.")

3. Possible negative effects related to my relationships (For example, "If my anxiety improves, people will start expecting more of me"; "People have been pushing me to get help, so if I do it they will have won.")

Experts on motivation and change describe two ways that we talk to ourselves and others that may reflect (or influence) our readiness for change (Miller and Rollnick 2013). The first is *sustain talk*, which refers to statements suggesting we may not quite be ready for change:

- I'm too busy to work on my anxiety right now.

- There is nothing wrong with being shy. It's just part of who I am.

- My anxiety is not really that bad.

- I'll get to it when I have more time in my life.

- My social anxiety is never going to change.

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The other type of talk is called *change talk*, which refers to statements suggesting we are ready for change:

- My anxiety prevents me from doing the things I really want to do.

- Having close relationships is important to me, but my anxiety gets in the way.

- It would be amazing to be able to carry on a conversation without worrying about what the other person thinks of me.

- It's important to schedule time to work on my anxiety.

Miller and Rollnick (2013) describe desire, ability, reasons, and need as the four components that contribute to readiness for change. You can remember them with the acronym DARN. The following table includes a description of each component, along with examples of related sustain talk and change talk.

Component	Description	Examples
Desire	The extent to which one wants to change	*Sustain talk* • I don't care whether I get over my anxiety. *Change talk* • I would like to be more comfortable in social situations.
Ability	The extent to which one believes that change is possible	*Sustain talk* • I've tried therapy before and it didn't work. *Change talk* • I am prepared to make the effort.
Reasons	The extent to which one has motives for change	*Sustain talk* • If I avoid, I can prevent panic attacks. *Change talk* • If my anxiety decreases, I could finally get the sort of job I want.
Need	The extent to which one believes it is urgent or imperative to make the change	*Sustain talk* • I'd rather live with my anxiety than risk being judged by others. *Change talk* • I need to be able to make presentations.

Increasing readiness for change involves increasing change talk and decreasing sustain talk. If you want to change, believe that you are able to change, can generate reasons for change, and have a sense of urgency or need for change, following through with change will be easier. In the next section, we discuss some costs and benefits of change, which may help you to resolve any remaining ambivalence about working on your social anxiety.

Costs and Benefits of Overcoming Your Anxiety

For the majority of people, the benefits of using the strategies described in this book will far outweigh the costs. If you didn't believe that, you probably wouldn't be reading this book. Still, in order to resolve any mixed feelings you have about changing, it may be helpful to think about your reasons for change, as well as your reasons for not changing. We will start with a discussion of the potential costs of change.

Costs of Overcoming Your Social Anxiety

As you go through this section, notice that these potential costs are mostly short-term inconveniences that are only present while you actively work on your anxiety. As your anxiety improves, these costs will fade. Also, instead of thinking about them as *costs*, it is helpful to think of them as *challenges*. After all, most of these costs are manageable, and there are often possible solutions available to minimize their impact.

Costs of medication treatments. If you choose to use medications, you will have to remember to take them regularly, and newer medications may be expensive, particularly if they are not covered by a health plan. You may experience side effects. Depending on the medication, side effects may include fatigue, headaches, changes in weight and appetite, and changes in sexual functioning. Of course, as you will learn in chapter 5, many of the side effects are worse in the first few weeks, improve over time, and are generally quite manageable. They can also be minimized by adjusting doses, changing medications, or stopping medications altogether.

Costs of psychological treatments. Psychological treatments, such as confronting the situations that you fear, have costs. First, they are time consuming. To get the most out of exposure-based treatments, for example, you may need to practice for an hour or more, three to five days per week. Second, seeing a therapist can be expensive (especially in the short term), depending on the fees and your insurance coverage. In addition, conducting exposure practices will probably make you feel anxious and uncomfortable, particularly at the start. Although these exercises are designed to ensure that the discomfort is manageable, at times your fear may be intense. In addition to feeling uncomfortable, you may feel more tired, especially on days you practice confronting situations that make you uncomfortable. You also may feel irritable and

perhaps even have anxiety-provoking dreams. Finally, your improvement may not follow a smooth course. It is likely the changes will take time, and you may have periods (days, weeks, or even months) during which you feel as though you're slipping backward. For many people this is a normal part of the process of overcoming social anxiety. By continuing to use the strategies described in this book, however, your anxiety should continue to improve over time.

Other possible costs of improving. Overcoming your anxiety may also affect other areas of your life. In most cases, the impact will be positive, but there may be costs associated with these changes as well. If you are in a long-term relationship, you might find that your partner will need time to adjust to the changes you are making. For example, as you become more comfortable socializing, you may be out more often with friends or coworkers. If your partner is accustomed to having you around most of the time, these changes may require some getting used to. If appropriate, it may be helpful to discuss openly with your partner, friends, and family members the changes you are making. This will demonstrate to them that you are sensitive to how the improvements in your social anxiety may affect them.

Can you think of other possible costs of overcoming your social anxiety, shyness, or performance-related fears? If so, record them here.

_____

_____

_____

Benefits of Overcoming Your Social Anxiety

Of course, there are important benefits of overcoming social anxiety as well. As we mentioned in the last section, the costs are usually just short-term inconveniences. On the other hand, the benefits of change tend to be long-lasting. What this book challenges you to do is to decide whether you are willing to tolerate some short-term pain to achieve long-term gains. Examples of potential benefits of overcoming your shyness and social anxiety include the following:

- Learning to feel more comfortable in feared social and performance situations

- Meeting new friends

- Improving the quality of your relationships

- Learning to network more comfortably in situations related to your job or career

- Expanding the possible options for what you can do in your leisure time

- Improving your job prospects (for instance, realizing new opportunities to get a promotion or to seek a higher-paying position)

- Opening up opportunities for self-improvement by furthering your education

- Learning to enjoy life more

- Feeling more confident

- Increasing your ability to express yourself

- Learning strategies that you may be able to apply to other problems, such as anger, depression, or a troubled relationship

Based on this list of examples, can you identify other benefits to overcoming your social anxiety? Focus on benefits that are based on your own *internal values* and *goals* (for example, "I want to have closer friendships"), rather than the values and goals of others (for example, "My mother wants me to make new friends"). Questions like these can help you identify reasons for changing based on your own values and goals:

- How would I like my life to be different in five years?

- What would be better about my life if I felt more comfortable in social situations?

- What type of person would I like to be, and how is my social anxiety preventing me from being that type of person?

- What sorts of things do I miss about my life before social anxiety became as big a problem as it is now?

Record your reasons for changing in the space below.

_____

_____

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_____

Now that you have had a chance to consider the costs and benefits of working on your social anxiety, you are in a better position to make a commitment to work on overcoming your fears. If you would like to read more on strategies for increasing readiness for change, we recommend *Finding Your Way to Change* (Zuckoff and Gorscak 2015). Assuming that you have decided to go ahead as planned, the remainder of this chapter will help you to consider the strategies best suited to your individual needs.

Setting Goals for Change

Without setting specific goals or objectives, it will be impossible for you to evaluate whether you're making the changes that you hope to make. Goals can be described in a number of different ways. First, they can reflect either *short-term* or *long-term* changes that you would like to accomplish. For example, if you have a fear of public speaking, a reasonable one-week goal might be to ask a single question at a meeting at work, regardless of how anxious you feel. A six-month goal might be to give a thirty-minute presentation without feeling significant anxiety. As you go through the process of overcoming your social anxiety, it is important to identify short-term goals (such as what you want to accomplish this week), medium-term goals (such as what you want to accomplish over the next few months), and long-term goals (for instance, what you want to accomplish over the next year or two).

Goals can also be *specific* or *general*. A specific goal is more detailed than a general one. Therefore, compared to general goals, specific goals are often better suited for guiding you in selecting appropriate treatment strategies. Also, with specific goals, it is easier to measure whether your objectives have been met. Although it's okay to have a few general goals, you should try to generate as many specific goals as possible. Examples of general and specific goals are listed below.

General Goal	Specific Goal
To be more comfortable during presentations	To have my fear level decrease from 100 out of 100 to 40 out of 100 during presentations at my weekly sales meetings
To ask someone on a date sometime	To ask John to have dinner with me by the end of this month
To have more friends	To meet at least three new friends by the end of this year, with whom I can see movies or watch sports
To be comfortable in crowds	To be able to walk through a crowded mall or on a crowded street with my fear below 30 or 40 out of 100
To better cope with criticism	To be able to tolerate negative feedback on my annual performance review at work without becoming very upset and while still paying attention to all my positive achievements over the year
To ask questions in class	To ask at least one question during each class over the rest of this semester

| To deal better with groups | To be able to make small talk at a party while maintaining eye contact and speaking loudly enough for others to hear |
| To be more active on social media | To join Facebook and post something at least once per week |

Now, think about what types of changes you would like to make. Specifically, think about aspects of your social anxiety (anxious beliefs, situations that you avoid, and so on) that you would like to change. Try to be realistic. Also, recognize that your goals may change. For example, right now you may not need to make presentations in your daily life. However, if you take a job that involves public speaking, you may have to revise your goals to reflect this change.

We included space for you to record your goals for the next month as well as for one year from now. Of course, if you prefer, you may choose other time periods. The main point to remember is that you may have different short-term and long-term goals. Although some goals may be realistic targets for a year or two from now, they may not be realistic goals for one week or one month from now.

One-Month Goals

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

One-Year Goals

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Reviewing Previous Attempts to Treat Your Social Anxiety

This section has two purposes. First, if you tried to overcome your social anxiety in the past, it will help you review the treatments that worked for you and those that were not especially helpful. Second, if previous attempts to overcome your social anxiety were not useful, it will help you to identify possible reasons why. By identifying the reasons for previously successful and not-so-successful treatment attempts, you will be able to make more educated decisions about what types of strategies to try now. If a treatment worked well in the past, you may want to try it again. If you did not benefit from a particular treatment, you may want to try something new. However, you should still consider giving a particular treatment another try if you didn't give it a fair chance the first time.

In the following spaces, check off any treatments that you tried in the past. Also, describe the treatment and record whether the outcome was helpful.

Record of Previous Treatments

Yes	No	**Treatment**
_____	_____	*Medications*

If yes, list drug names, duration of treatment, and maximum dosage for each. Also, describe any side effects you experienced and whether each medication helped. Indicate if you took the medication as prescribed.

_____

_____

_____

_____

_____	_____	*Exposure to Feared Situations*

If yes, describe the treatment, including frequency of exposures, duration of treatment, types of situations practiced, and outcome.

_____

_____

_____

_____

_____	_____	*Cognitive Therapy*

(Therapy focused on teaching strategies for changing anxiety-provoking thinking; often includes the completion of thought records as a component.) If yes, describe the treatment, including the duration of treatment and outcome.

_____

_____

_____

_____

_____ _____ *Mindfulness and Acceptance-Based Treatment*

(For example, mindfulness meditation.) If yes, describe the treatment or course content, including duration of treatment and outcome.

_____

_____

_____

_____

_____ _____ *Communication Skills Training*

(For example, assertiveness training or a public speaking or communications course.) If yes, describe the treatment or course content, including duration of treatment and outcome.

_____

_____

_____

_____

_____ _____ *Insight-Oriented Therapy*

(Therapy focused on early-childhood experiences and on helping clients to understand the deep causes underlying a particular problem.) If yes, describe the treatment, including duration of treatment and outcome.

_____

_____

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_____

_____ _____ *Supportive Therapy*

(Therapy that is usually fairly unstructured in which the client describes experiences over the past week and the therapist offers support and perhaps suggestions for solving problems that arise from week to week.)

If yes, describe the treatment, including duration of treatment and outcome.

_____

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____   ____   *Self-Help Book*

If yes, describe the treatment. For instance, what book (or books) did you read? What approach did the book take? Did it help?

_____

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_____

Now that you have identified specific treatments you have tried, the next step is to understand why a treatment was ineffective or only partially effective, if that was your experience. Listed below are some of the reasons why psychological treatments and medications are occasionally not helpful.

Why Psychological Treatments Sometimes Don't Help

- The type of therapy used is an ineffective treatment for social anxiety. Many types of psychotherapy have never been studied for the treatment of social anxiety, and others have been found to be of little benefit. (Cognitive behavioral therapy is the best-studied approach and is well supported by evidence.)

- The therapist is inexperienced, either with the type of therapy being offered or for treating shyness and social anxiety, in particular.

- The frequency of sessions or between-session practices is too low. For example, if you practice exposure to social situations infrequently, you will be less likely to see desired results.

- The treatment does not last long enough. For example, you may not have benefited from a therapy if you dropped out of treatment before you could see positive results.

- An individual expects the treatment to be ineffective. There is evidence that a client's expectations can affect the outcome of psychotherapy (Safren, Heimberg, and Juster 1997).

- The person does not comply with the treatment. If a client misses sessions, arrives late for sessions, or doesn't complete homework, therapy is less likely to be effective.

- There are other problems or stresses (for example, severe depression, alcohol abuse, a stressful job, marital problems, health issues) in the person's life that interfere with treatment.

Why Medications Sometimes Don't Help

- It is the wrong medication for the problem. Some medications are more effective than others for treating social anxiety (see chapter 5). Furthermore, a medication that works for one person may not be the best choice for someone else.

- The dosage is not high enough.

- The treatment does not last long enough. Some medications can take up to six weeks to have an effect. Also, stopping certain medications too soon can increase the chances of anxiety coming back.

- An individual expects the treatment to be ineffective. As with psychotherapy, there is evidence that expectations and beliefs about medication affect a person's response. For example, one study found that people who believe biological factors (for example, genetics) more than psychological factors (for example, family factors, learning) cause their anxiety are more likely to respond to medication (Cohen et al. 2015).

- The side effects are too unpleasant to tolerate.

- The person is using drugs, drinking alcohol, or taking other medications that interact with the effects of the medication for social anxiety.

- The person doesn't comply with the treatment (for example, misses pills, and so on).

If you tried to overcome your social anxiety in the past but found treatment to be ineffective or only partially effective, do you have any guesses about why it may not have worked as well as you had hoped? Based on your previous experiences with therapy or medication, are there strategies that you want to try again?

_____

_____

_____

Are there strategies that you definitely don't think you should try again?

_____

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_____

Proven Strategies for Overcoming Social Anxiety

There are hundreds of different approaches that people have used to overcome emotional difficulties, behavior problems, and bad habits. Some of these approaches include psychotherapy, medications, prayer, relaxation training, yoga, hypnosis, distraction, drinking alcohol or using drugs, exercise, dietary changes, reward and punishment, herbal remedies, traditional remedies, acupuncture, education (such as reading about the problem), past-life regression, and so forth. Furthermore, each approach can be subdivided into even more categories. For example, there are many different types of psychotherapy and medication, some of which are more useful than others for a particular problem. Given all the different options, it can be very difficult for a consumer to select the best treatment approach.

For most of the approaches listed above, there exists little to no controlled research examining their use in treating anxiety in general and social anxiety in particular. The term _controlled_ describes studies in which investigators examined the effects of a particular treatment while taking steps to ensure that any improvements were, in fact, due to the treatment rather than to other factors. Note that a lack of controlled research does not mean that a treatment is ineffective. It simply means we just don't know whether the treatment works or how well it works.

Even if someone seems to improve after using some treatment or other, it can be difficult to know whether it was the treatment that had a beneficial effect or whether other factors contributed to the change. For example, as we mentioned earlier, clients' expectations of improving during treatment can affect their improvement. Some people's improvement with a particular treatment may be due simply to the passage of time. For some problems (such as depression), symptoms may improve naturally over time, regardless of whether the sufferer receives any specific treatment. Changes in a person's normal routines (for instance, a reduction in stress at work or an increase in physical activity) can also contribute to improvements over and above any treatment effects.

Properly controlled research can help determine whether it's a treatment or other factors leading to a particular outcome. One strategy researchers use is to include a control group. For example, research studies that examine the effects of a medication on a particular problem usually give a percentage of the individuals in the study a *placebo*, essentially a pill that doesn't contain medication. This group is called the placebo control group. Typically, neither the doctor administering the medication nor the patient knows who is receiving a placebo or the real medication until after the study ends.

Whether a medication is helpful depends on how well people who took the medication respond compared to those who took the placebo. Including a placebo control group allows researchers to directly measure the effects of the medication over and above the effects of the individual's expectations about the treatment. Properly conducted studies examining the effects of psychological treatments also include appropriate control groups.

In this book, we chose to focus on techniques that have controlled research evidence indicating they effectively help people overcome social anxiety, shyness, and performance-related fears. In other words, research has shown these techniques to be effective compared to no treatment, placebo treatment, other forms of psychotherapy, or some other intervention. We focus on three main approaches: cognitive behavioral therapy, mindfulness and acceptance-based treatments, and medications.

Cognitive Behavioral Therapy

Cognitive behavioral therapy, or CBT, includes a group of techniques usually used together as a package. Numerous studies have shown that CBT is an effective way of overcoming social anxiety (for reviews, see Antony and Rowa 2008; Weeks 2014). CBT differs from other more traditional forms of therapy in the following ways:

- CBT is directive. In other words, the therapist is actively involved in the therapy and makes very specific suggestions.

- CBT's focus is on changing a particular problem. Some other forms of therapy focus on helping the individual develop insight into or understanding of the deep-rooted causes of a problem but do not offer specific strategies for overcoming the problem.

- CBT has a relatively brief duration. The typical course for social anxiety is ten to twenty sessions.

- CBT focuses on current beliefs and behaviors, which are thought to be responsible for maintaining the problem. Some traditional therapies tend to focus more on possible initial causes, such as early childhood experiences.

- In CBT, the therapist and client are partners who work together during treatment.

- In CBT, the client chooses the goals for therapy, with input from the therapist.

- CBT usually includes strategies for measuring progress so that treatment techniques can be adjusted for maximum effectiveness.

Technological advances have led to new ways of delivering CBT. For example, a number of studies (P. L. Anderson et al. 2013; Bouchard et al. 2017) have found that exposure-based social anxiety treatments using virtual reality are useful (these treatments are discussed in chapter 7). In addition, emerging research (Andersson, Carbring, and Furmark 2014) supports the use of Internet-based CBT treatments for anxiety-based problems, including social anxiety (see "Digital Resources" for information about online treatments). Although these methods are no more effective than traditional forms of CBT, they add to the range of options available for treating anxiety and related problems.

CBT for social anxiety includes three main types of strategies. Treatment almost always includes cognitive therapy and exposure to feared situations. In addition, sometimes social-skills training is included.

COGNITIVE THERAPY

The term *cognitive* refers to anything having to do with assumptions, beliefs, predictions, interpretations, visual imagery, memory, and other mental processes related to thinking. The basic underlying assumption of cognitive therapy is that negative emotions occur because people interpret situations in a negative or threatening way. For example, people who are convinced that others will judge them in a negative way or who are overly concerned about the opinions of others are bound to feel anxious or uncomfortable in certain social situations. Cognitive therapy teaches individuals to be more aware of their negative thoughts and to replace them with less negative ones. People learn to treat their beliefs as guesses about the way things may be, rather than as facts. They are taught to examine the evidence supporting their anxious beliefs and to consider the possibility that an alternative belief is true.

For example, if Henry is very hurt and angry because a friend didn't return his call, these negative feelings might stem from Henry's belief that the friend doesn't care about him. In cognitive therapy, the therapist would teach Henry to consider alternative explanations for the friend's behavior, including the possibility that the friend never received the message, forgot to return the call, or is out of town. After all, there are many possible reasons why a caring friend did not quickly return Henry's call.

At the beginning of treatment, the client uses diaries to record anxiety-related thoughts and to counter the thoughts with more realistic predictions and interpretations. As people become more comfortable with the methods of challenging their unrealistic negative beliefs, their new ways of thinking become more automatic, and the diaries are no longer needed. People learn to manage their anxiety-related thoughts before they get out of control. Cognitive therapy techniques are described in detail in chapter 6.

EXPOSURE

Exposure involves gradually and repeatedly confronting feared situations until they no longer trigger fear. In most cases, therapists view exposure as a necessary component of CBT for social anxiety. In fact, exposure may be even more powerful than cognitive therapy as a way of changing anxiety-provoking, negative thinking. By exposing themselves to situations they fear, clients learn that the risk in these situations is minimal. Through direct experience, many anxiety-related predictions and beliefs will be proven incorrect. Clients also learn to better tolerate situations in which some beliefs may actually be true (for example, when another person actually does judge the client negatively). Finally, exposure provides people with an opportunity to practice cognitive therapy skills and to improve upon any social or communication skills that may be rusty because they have avoided social situations for so long. See chapters 7 and 8 for detailed instructions for designing and implementing exposure exercises.

SOCIAL-SKILLS TRAINING

Social-skills training involves learning to improve the quality of one's communication as well as other social behaviors, so there is an increased likelihood of obtaining a positive response from others. Most people who are socially anxious have better social skills than they think they do. In fact, formal social-skills training is often not included in CBT programs, and people undergoing the treatment usually respond quite well in these programs. Still, there is evidence that some people benefit from learning a few new techniques to become more assertive, make small talk more effectively, improve eye contact, and learn basic skills for dating or meeting new people. Chapter 10 describes strategies for improving social and communication skills.

Mindfulness and Acceptance-Based Treatments

Mindfulness training involves learning to focus on one's internal experiences (for example, thoughts, imagery, emotions, and sensations) in the present moment, without judging them or trying to control them. Mindfulness training often includes meditation, but it may include other strategies as well. Acceptance and commitment therapy (ACT; Hayes, Strosahl, and Wilson 2012) is a psychological treatment that includes mindfulness training as a component. In addition to teaching people to accept their internal experiences rather than trying to control, fight, or change them, people are also encouraged to make a commitment to live a life that is consistent with their own values and goals, which typically involves changing behaviors.

There is growing evidence supporting the use of acceptance-based treatments for a wide range of anxiety problems, including social anxiety disorder (for example, Goldin et al. 2016; Kocovski et al. 2013; Norton et al. 2015), with benefits similar to those seen in CBT. Although

ACT and other acceptance-based treatments are sometimes presented as an alternative to CBT, they actually overlap with CBT quite a bit. For example, acceptance-based treatment and CBT both involve purposely confronting feared situations with exposure as a component. We view mindfulness and acceptance as behavioral strategies that are complementary to CBT, which is why we included a chapter on these approaches (chapter 9).

Medications

Studies have shown that numerous medications effectively treat social phobia (Schneier et al. 2014). Mostly, these include certain antidepressants that also target anxiety (such as paroxetine and venlafaxine) and certain antianxiety drugs (for instance, clonazepam). There is also emerging evidence supporting a number of other medications, such as anticonvulsant drugs. Typically, medications are taken daily. To varying degrees, all medications are associated with specific side effects. However, for most people, these side effects are quite manageable, and most tend to decrease over time. Medication treatments are discussed in chapter 5.

Other Treatments

A handful of studies have examined other treatments for social anxiety, including relaxation training (Clark et al. 2006; Jerremalm, Johansson, and Öst 1980), interpersonal psychotherapy (Stangier et al. 2011), psychodynamic psychotherapy (Bögels et al. 2014; Leichsenring et al. 2013), nutritional supplements (Hudson, Hudson, and MacKenzie 2007; Kobak et al. 2005), and aerobic exercise (Jazaieri et al. 2012). Although some of these findings are promising, there is currently not enough evidence to recommend any of these options over more established treatments.

Choosing Among Treatment Options

If you decide to try medications, you will need to get a prescription, most likely from a physician (for example, a family doctor or psychiatrist). In many states (and Canadian provinces), nurse practitioners can also prescribe medications, and in some states (Idaho, Illinois, Iowa, Louisiana, New Mexico) psychologists with appropriate training and supervision can prescribe medications as well. For most people, a visit to your family doctor is a good place to start if you are interested in trying medications. Your doctor can refer you to a psychiatrist or other professional if needed. If you are interested in trying a psychological treatment, such as CBT, you have the option of trying to overcome the problem on your own (such as with a self-help book) or seeking professional help.

Self-Help or Professional Help?

For some people, a self-help approach such as that described in this book may be sufficient. A study by Abramowitz and colleagues (2009) found that most people who used an earlier edition of this book significantly reduced their social anxiety, even without additional therapy. However, for others, a self-help book alone is not enough, and many people find that the added structure and support provided by a therapist is important. If you decide to seek professional help, this book can still reinforce what you learn in therapy. An important component of CBT involves educating the client (often using self-help readings) and encouraging the client to practice the various CBT techniques between sessions. In other words, CBT conducted with a therapist often includes a self-help component. Combining a self-help book with your therapy may even reduce the number of therapy sessions needed (Rapee et al. 2007). Finally, keep in mind that self-help treatments come in several forms. In addition to books, for example, a number of online treatments are available, as well as treatments that take advantage of mobile apps (some examples of each are listed in the "Digital Resources" section).

Cognitive Behavioral Therapy or Other Psychotherapy?

In almost all cases, we recommend a combination of cognitive therapy and exposure as the psychological treatment of choice for social anxiety disorder. Sufficient evidence supports the use of social-skills training (typically combined with cognitive therapy and exposure), as well as mindfulness and acceptance-based treatments. Although other psychological therapies certainly have a place for treating some problems, there isn't sufficient evidence to support their use for treating social anxiety disorder.

Some people we've worked with have reported benefits from combining CBT with another form of psychotherapy. In these cases, typically they have seen one therapist for CBT and another for dealing with other issues (for example, marital problems, coping with childhood abuse). Although this approach sometimes works well, we recommend that your two therapists stay in close contact to ensure they don't give you contradictory messages during therapy.

Medication or CBT?

A number of studies have investigated whether CBT, medications, or a combination works best (Antony and Rowa 2008). Although there are differences across studies, the overall pattern of findings suggests that all three approaches are about equally effective, at least in the short term. For example, one large study found that treatment with CBT, fluoxetine (an antidepressant), and a combination of the two were all about equally effective, and all three were more effective than placebo (Davidson et al. 2004).

Over the long term, however, CBT tends to be a more effective treatment than medications (Liebowitz et al. 1999). In other words, once all treatments have stopped, people who have been taking medications are more likely to experience a return of symptoms than people who had CBT.

Also, just because these three approaches are about equally effective *on average*, that doesn't mean that they are equally likely to be effective *for you*. Some people seem to do better with medications, whereas others seem to do best with CBT or a combination of approaches. We usually recommend starting with either CBT or medication, and then introducing the other treatment after several months, if needed.

Group or Individual Therapy?

CBT can be delivered either individually or in groups. Both approaches work about equally well, based on available research (Barkowski et al. 2016). Regardless of which approach you choose, you should be aware of the advantages and disadvantages of each. Group treatment gives people an opportunity to meet other people with the same problem. This allows people to learn from the mistakes and successes of others, and it reminds them that they are not the only ones suffering from this problem. Group treatment also provides clients with opportunities to interact with people who can participate in exposure exercises and role-play practices. For example, group members can be an audience during exposures that involve giving presentations.

Cost is another advantage of group therapy. Because clients share the therapist's time with other people, the cost per session is often lower than for individual therapy. If you decide to enter group treatment for social anxiety, we recommend that you find a group that focuses exclusively on anxiety problems, and ideally on social anxiety (rather than a group that includes people with a wide range of different problems). You are most likely to find a specialized social anxiety group at an anxiety disorders specialty clinic.

Individual therapy also has advantages. First, it can be less scary than group therapy, particularly at the beginning. As you can imagine, people with social anxiety disorder are often very apprehensive about starting group treatment, although anxiety about speaking in front of the group usually diminishes after the first few weeks. Furthermore, with individual therapy, you don't have to share your time with other group members. And, because there is more time to focus on you, the program can be individually tailored to meet your personal needs. Individual therapy also has advantages from a scheduling perspective. If you miss a session due to illness or vacation, usually you can just reschedule an individual appointment. In contrast, if you miss a group session, catching up on the material that you missed may be more complicated.

You should carefully weigh all these factors before deciding whether to seek group or individual treatment. Keep in mind, however, that you may not have a choice. Although the

availability of CBT is increasing, this form of therapy is still hard to find in some places, either in group or individual format. When choosing a therapy, we would like to emphasize that the most important factor is finding a therapist who has experience providing CBT for social anxiety. Whether you choose group or individual therapy should be a secondary issue, since both seem to work well.

The Importance of Regular Practice

Although simply reading about how to overcome social anxiety disorder may be helpful, to make big changes you need to actually practice the techniques described in this book. For example, you will get more out of the cognitive strategies described in chapter 6 if you complete the monitoring forms and diaries and take frequent advantage of opportunities to challenge your anxiety-provoking thoughts.

To get the most out of exposure practices, it will be important to enter feared situations as frequently as possible and to stay in the feared situations until your fear has decreased, or until you learn that your feared consequences don't occur. You can conduct many exposure practices in everyday life (for instance, having lunch with coworkers instead of eating alone), but other practices may require you to set aside time for just the exposure exercises.

Including a Helper

It may be helpful to involve a helper in your treatment (for example, a friend, coworker, or family member). Your helper can provide you with opportunities to practice role-play exposures, such as presentations, job interviews, making small talk, or asking another person out on a date. In addition, your helper can provide you with honest feedback about your performance and offer suggestions for improvement.

When choosing other people to help you out, we suggest selecting people you trust. They should be supportive and unlikely to become frustrated or angry if things move slowly or if you find a particular situation difficult or anxiety-provoking. If possible, your helper should read relevant sections of this book in order to have a better understanding of the treatment and how it works. If this is not practical, you can also describe to your helper what his or her role will be during the practices.

Dealing with Additional Problems

Many people who struggle with social anxiety also experience other problems, including other anxiety disorders, depression, alcohol or drug problems, and relationship troubles. In most

cases, these other problems tend not to interfere with the treatment of social anxiety. However, if you are struggling with problems in addition to your shyness, there are two questions that you should consider. First, is social anxiety the most important problem to focus on? If not, you should probably focus on the problem that is interfering the most with your life. For example, if your depression is more severe than your social anxiety, it may be important to deal with your depression first. Once it's under control, then you can turn your attention to the social anxiety. Second, is the other problem so severe that it is likely to get in the way of social anxiety treatment? If so, you should work on it first. For example, if you drink alcohol so frequently that you're unlikely to follow through with the exercises in this book, then dealing with your drinking before working on your social anxiety is a good idea.

Seeking Professional Help

If you are interested in seeking professional help for your social anxiety, here are some additional suggestions to keep in mind.

How to Find a Therapist or Doctor

One of the most difficult aspects of finding a therapist or doctor is knowing where to look. A good place to begin is with your family doctor, who will likely be aware of psychiatrists, psychologists, and anxiety specialty clinics in your area. You may also want to call nearby hospitals and clinics to see if they have programs that offer either CBT or medication for social anxiety. The Internet is also a great source of information about treatment options in your area. Check with your insurance company about coverage for treating psychological conditions. Your plan may have restrictions regarding who you can see and the number of sessions covered.

Another way to find help is to contact an organization that focuses either on anxiety-related problems or CBT. For example, the Anxiety and Depression Association of America (http://adaa.org) offers information about treatment options and self-help groups across the United States and Canada (the ADAA has both consumer and professional members). The Association for Behavioral and Cognitive Therapies (http://abct.org) is a professional organization that also provides information on practitioners who treat anxiety-related problems. A similar organization in Canada is the Canadian Association of Cognitive and Behavioural Therapies (http://www.cacbt.ca). These and other national and international associations that offer referrals are listed in the "Digital Resources" section at the back of this book. You may also contact your state or provincial psychological or psychiatric associations to get information about psychologists or psychiatrists in your area.

When choosing a professional, don't be afraid to ask questions. Before making a commitment, here are some issues that you should clarify:

- The type of treatment being offered. For example, if you are interested in a psychological treatment, you should ask whether the person is experienced in providing CBT for social and performance anxiety.

- The typical number of sessions recommended for treating this problem, recognizing that it is often difficult to know this before conducting a thorough assessment. In many cases, ten to twenty sessions are enough.

- The length of each session. One-hour sessions are typical, though longer sessions are sometimes needed for exposure practices. Group sessions are also typically longer (for example, about two hours).

- The frequency of sessions. Weekly sessions are typical.

- The cost per session and preferred method of payment. Is there a sliding fee schedule?

- The location and setting. For example, is the treatment conducted in a private office? A hospital? A university clinic? A community clinic? A research center?

- The availability of group versus individual treatments for social anxiety. Either approach is likely to help.

- Who provides the treatment? A psychologist? Psychiatrist? Social worker? A student in one of these professions? How experienced is the person? Where was this person trained? If it is a student therapist, how closely is he or she supervised? How experienced is the supervisor? Can you meet with the supervisor if you wish?

Types of Professionals

If you are interested in receiving psychological therapy, such as CBT, your therapist can be a psychologist, physician, nurse, social worker, or professional from a number of backgrounds. However, keep in mind that many practicing clinicians, regardless of background, do not have extensive experience providing CBT for anxiety-related problems. It is much more important to find someone who is familiar with treating social anxiety using cognitive and exposure-based treatments than what degree the person has. Currently, psychologists are the professionals most likely to have this background, but increasingly others are being trained to provide CBT.

Understanding the differences between therapist types can be confusing, so we'll provide a brief description of some of the main professionals who often provide CBT and related treatments.

Psychologist. In most places, psychologists who specialize in treating psychological disorders usually have a doctoral degree in clinical or counseling psychology. Often this degree is a PhD (which includes significant training in providing clinical care and research), although it may also be a PsyD (indicating a primary training focus on providing clinical services with less emphasis on research) or an EdD (indicating training that stems from an educational psychology perspective). Typically, a psychologist's training includes an undergraduate bachelor's degree (four years) followed by an additional five to eight years of graduate training. In some states and provinces, psychology practitioners with a master's degree (usually two years of graduate training) can call themselves psychologists, whereas in other places master's-level clinicians are called psychological associates, psychotherapists, psychometrists, as well as other names.

Psychiatrist. A psychiatrist is a physician who specialized in treating mental health problems after completing four years of medical school. Typically, this specialty training includes a five-year residency and may include additional fellowship training. Psychiatrists are more likely than other mental health professionals to understand and treat anxiety from a biological perspective, although increasingly psychiatric training programs are requiring training in CBT. There are several advantages of being treated by a psychiatrist. Not only can you obtain medications and other forms of therapy, but you have the opportunity to be assessed by a physician who is uniquely qualified to recognize medical conditions that may be contributing to your problem.

Social worker. Social workers are trained to do many different things, including helping people to better deal with their relationships, to solve their personal and family problems, and learn to better cope with day-to-day stresses. They may help people deal with the stresses of inadequate housing, unemployment, lack of job skills, financial distress, serious illness or disability, substance abuse, unwanted pregnancy, and other hardships. Most social workers specialize, and some end up providing psychotherapy either in a private practice or a hospital or agency setting. Although CBT is seldom a formal part of social-work training programs, some social workers obtain specialized training in CBT, either during or following their formal schooling.

Other professions. A variety of professionals, including family physicians, nurses, occupational therapists, clergy or other religious leaders, and even psychotherapists without any formal degree in a mental health–related field, may be trained to provide CBT or other forms of psychotherapy. As mentioned earlier, it is often more important to know whether the person you're seeing has the experience and expertise to treat social anxiety using strategies that have proven to be useful than whether the person is a nurse, family doctor, psychologist, psychiatrist, occupational therapist, social worker, or a student in one of these fields.

Final Questions Regarding Social Anxiety Treatment

Here are few additional questions that people frequently ask, with answers.

How long does treatment take? As mentioned earlier, it typically takes ten to twenty sessions to treat social and performance anxiety with CBT. Some people make significant gains after just three or four sessions, particularly if their fear is very mild. For others, treatment may last many months or even years. If you are being treated with medication (particularly antidepressants), physicians often recommend that you stay on the medication for at least a year or more before slowly decreasing the dosage and eventually discontinuing the medication. If symptoms return, it may be necessary for you to resume taking the medication or to try a different form of treatment. You should consult with your prescribing physician before making any changes in your medication.

Are the effects of treatment long lasting? As we discussed earlier, the effects of CBT tend to be relatively long lasting, although you may occasionally experience bad days. In contrast, stopping medication treatment suddenly is more likely to lead to a return of anxiety. To some degree you can protect yourself against this by staying on the medication for a longer period (perhaps at a reduced maintenance dosage) or by stopping the medication gradually. Also, stopping certain types of medication is more likely to lead to a return of symptoms, as we'll review in chapter 5. Once again, it is advisable to discuss reducing or stopping medication with the prescribing professional before changing your dose.

Will you be completely "cured"? A small percentage of people who have significant social anxiety are able to reach a point at which they rarely experience social anxiety. Similarly, a small percentage of people do not benefit from either CBT or medications. For most people, however, the result of treatment is somewhere in between these two extremes. It is realistic to expect that proper treatment will lead to a significant decrease in your social anxiety, avoidance behaviors, and day-to-day impairment. However, it is also likely that some situations will continue to provoke anxiety, at least to some extent. This outcome may not seem too bad if you remember that most people experience social and performance anxiety from time to time.

What if you don't like your therapist or doctor? Although it is unrealistic for you to feel better after only a few weeks, you should know after one or two meetings whether you are comfortable working with your therapist or doctor. If you are not pleased with how things are going, consider trying someone else. You should begin to see changes six to eight weeks after beginning either CBT or medication. If changes have not occurred after two months, you should talk to your doctor or therapist about the possible reasons for the lack of improvement and consider other treatment options.

Measuring Change During Treatment

In chapter 3, we emphasized the importance of monitoring your progress throughout your treatment program. We recommend that you periodically (every few weeks) reflect on your progress by considering what types of changes you have made and what changes remain to be accomplished. Depending on your progress, you may decide to revise your treatment plan. You may also decide to update your treatment goals. We recommend that you occasionally complete some of the forms in chapter 3 as a way of assessing whether your social anxiety is improving.

Developing a Comprehensive Treatment Plan

In chapters 1 and 2, you learned about the nature and causes of social anxiety. In chapter 3, you completed a thorough assessment of your own anxiety symptoms. Then, you continued the self-assessment process in this chapter, as you reviewed your previous attempts at treatment and developed your treatment goals. You are now ready to develop a treatment plan. By now, you should have a good idea of what you need to work on and whether you will try to overcome your social anxiety on your own or with the help of a professional therapist or physician.

If you are considering trying medication, we recommend that you next read chapter 5, which reviews the various medications that have been shown to be useful for treating social and performance anxiety. If you are interested in trying a psychological approach, we suggest that you develop a treatment schedule for the next few months. The following list is an example of such a schedule:

- In the next week, read chapter 6 and begin to work on changing negative thinking patterns. Chapter 6 includes a number of effective cognitive strategies, as well as diaries that you can complete several times per week.

- Continue to practice the cognitive strategies for two to three weeks.

- When you are ready to begin exposure practices, read chapters 7 and 8. These chapter will help you to design exposures specifically for your own pattern of fear and avoidance. Practice the exposures for five or six weeks.

- While you are practicing exposures, you should continue using the cognitive strategies from chapter 6. By using the cognitive strategies and practicing exposures, you should notice your fear decreasing.

- After five or six weeks of practicing exposure, read chapter 9 to learn about mindfulness and acceptance-based strategies. At the same time, continue to practice the

cognitive and exposure strategies. If you prefer to read chapter 9 earlier in your program (for example, before starting exposure), that's fine too.

- If there are social skills that you would like to improve, this would be the time to use the exercises described in chapter 10. Again, we recommend that you do not stop using the strategies that you learned earlier.

- By now, several months will have passed, and it's likely that your anxiety will have improved significantly. We recommend that you read chapter 11 at this point, which discusses ways of maintaining the gains you have made.

If you are curious and want to read later chapters of the book now, that's fine. However, it's important that you go back and practice the strategies in each chapter before moving on to the next ones. These strategies are the building blocks that will eventually lead to an improvement in your social anxiety.

After completing this chapter, a number of issues should be resolved. First, you should have a better idea of whether this is the best time for you to work on overcoming your social anxiety. Second, you should have formulated a number of treatment goals, both for the short term and the long term. Finally, you should have considered the various treatment options and identified your own treatment preferences. The remaining chapters in this workbook provide step-by-step strategies for managing your social anxiety.

CHAPTER 5

Medications for Social Anxiety and Social Anxiety Disorder

As we discussed in earlier chapters, there is an extensive body of research supporting two approaches for overcoming social anxiety: medications and cognitive behavioral therapy (CBT). Chapter 4 reviewed the key points to keep in mind when deciding whether you should use drug treatments to overcome your social anxiety. Research has shown that medications and CBT are about equally effective for treating social anxiety in the short term. Still, each approach has advantages and disadvantages.

Advantages of Medications Compared to CBT

- Medications are often easier to get. Any physician (for example, a family doctor or psychiatrist) can prescribe them, as can nurse practitioners and certain other health care professionals; in contrast, therapists who have specialized training in CBT can be more difficult to find. (Note: Throughout this chapter we use both "doctor" and "physician" when referring to prescribing professionals, though medications can be prescribed by other professionals.)

- Drug treatments are easy to use and don't take up much time. You just need to remember to take your pills. In contrast, CBT requires a lot of hard work and can be time consuming.

- Medications often work more quickly than CBT. For example, antianxiety medications can cause observable changes in anxiety within an hour, and antidepressant medications in as few as two to four weeks. Typically, it takes several weeks to months of CBT before significant changes take place.

- Medications are often less expensive in the short term. Visits to your doctor can be infrequent once a stable dosage is reached. At that point, the only cost is the medication itself. In contrast, CBT usually requires regular visits to a therapist throughout the

treatment and therefore can be costly, especially if you have limited health insurance coverage.

Disadvantages of Medications Compared to CBT

- Anxiety is more likely to return after stopping medication than after stopping CBT. In other words, the effects of CBT often last longer.

- Medication may be more expensive than CBT over the long term. Because medication is typically used for a longer period (often years), the costs are likely to add up to more than the cost of CBT, which generally lasts only several months.

- Many people experience side effects when taking medications. Although these are usually manageable and improve after the first few weeks, some people experience more severe or long-lasting side effects, making treatment with medication unpleasant or impossible. The main side effect of CBT is an increase in anxiety during exposure to feared situations, and this anxiety typically resolves quickly.

- Medications for social anxiety may interact with alcohol and other medications. They may also cause problems for people with certain medical illnesses. CBT does not interact in the same ways with alcohol, medications, or medical illnesses.

- A few medications for social anxiety can cause uncomfortable symptoms during discontinuation. This is particularly a problem with antianxiety medications and a few antidepressants. Medications with the potential for dependence should be discontinued slowly, under a doctor's supervision. In contrast, physical dependence and withdrawal problems are not associated with CBT.

- Many medications must be used with caution or avoided completely during pregnancy or while breastfeeding. CBT can be used safely in either situation.

In deciding whether to try medications, you should consult with your doctor. Keep in mind, however, that your doctor's advice is likely to be influenced by expertise and preferences (for example, family doctors are often much less familiar with the research on CBT than that for medications). In reality, it's very difficult to predict who is most likely to respond to CBT, medication, or a combination of the two approaches. However, one factor that appears to predict response to treatment is an individual's expectations. If you believe that one treatment is more likely to help you, then you may benefit more from that treatment.

Based on the best available research, we generally recommend that people try CBT initially, if it is available, because the benefits tend to be longer lasting than those of medication. In cases where CBT alone is not effective or is only partially effective, adding medications can be considered. Of course, everyone is different, and treatment recommendations often vary across individuals.

Choosing Among Medications

Research has found a number of general classes of drugs to be effective for social anxiety. Antidepressants are the best supported, but research also supports the use of antianxiety medications (especially a class of drugs called benzodiazepines) and certain anticonvulsant medications (drugs that are usually used to treat seizures). Evidence shows that beta-adrenergic blockers (also called beta-blockers) may help with focused performance fears (for example, fear of public speaking), and preliminary research supports the use of certain antipsychotic medications. We will discuss each of these approaches in this chapter, and we will also review what is known about the use of herbal remedies to treat social anxiety.

When selecting a medication, perhaps the most important factor to consider is the extent to which each is supported by research. A number of published treatment guidelines describe recommended treatments for social anxiety disorder, based on the best available evidence. In general, they conclude that for medications, antidepressants have the best research support, including escitalopram (Lexapro in the United States, Cipralex in Canada), fluvoxamine (Luvox), paroxetine (Paxil), sertraline (Zoloft), and venlafaxine (Effexor), among others. However, evidence also supports the use of a number of other medications for social anxiety disorder, discussed later in the chapter. If you want to check out available treatment guidelines from various countries, here are a few examples:

- **United States:** "Clinical Practice Review for Social Anxiety Disorder," published online by the Anxiety and Depression Association of America

- **Canada:** "Canadian Clinical Practice Guidelines for the Management of Anxiety, Posttraumatic Stress and Obsessive-Compulsive Disorders" (Katzman et al. 2014), published by the Canadian Anxiety Guidelines Initiative Group on behalf of the Anxiety Disorders Association of Canada

- **United Kingdom:** *Social Anxiety Disorder: The NICE Guideline on Recognition, Assessment, and Treatment* (National Collaborating Centre for Mental Health 2013), published jointly by the British Psychological Society and Royal College of Psychiatrists

In addition to research findings, there are other factors you and your doctor should consider:

- **Your particular social anxiety symptoms:** For example, although people with focused performance fears (such as public speaking or performing music) may benefit from beta-blockers, people with more generalized forms of social anxiety tend not to benefit from these medications.

- **Side effect profile of the medication:** For instance, if you're already struggling with weight, you may want to choose a medication for which weight gain is less likely to be a side effect, all things being equal.

- **Previous response to medications:** If you or a family member previously responded well to a particular medication, that drug may be a good option for you to try. On the other hand, if a drug didn't work for you in the past (despite a long enough trial at an adequate dosage), it may be time to try something new.

- **Additional psychological disorders:** For example, if you are experiencing depression, it might be more effective to try an antidepressant rather than an antianxiety drug. The antidepressant is likely to improve both problems.

- **Cost:** Older medications tend to be less expensive than newer medications, often because older drugs are available in generic forms. Fortunately, most of the medications used to treat social anxiety disorder are available generically.

- **Interactions with other medications and herbal remedies:** If you are already taking certain medications or herbal products, you should choose a drug that will not interact with these products.

- **Interactions with medical conditions:** If you have a medical condition (for example, high blood pressure), you should choose a drug that will not worsen its symptoms.

- **Substance-use issues:** If you enjoy drinking alcohol or use other drugs, you should choose a medication that is unlikely to interact with these substances.

- **Discontinuation issues:** Medications that leave the body quickly (in other words, those with a short half-life) are more likely to cause withdrawal symptoms and are often more difficult to discontinue. Therefore, drugs with a longer half-life are usually easier to discontinue. If you or your doctor is concerned about your ability to discontinue a medication, you should factor this into your decision regarding which drug to take. (The term *half-life* refers to the time it takes half of the amount of drug in your body to be metabolized or broken down. For example, 50 percent of a drug with a half-life of twelve hours will be broken down in twelve hours, and 75 percent of it will be broken down after an additional twelve hours. Drugs with a longer half-life are broken down more slowly, so the body has more time to adjust to discontinuation before the drug is completely out of the system.)

Stages in Medication Treatment

Treatment with medication involves five stages:

1. **Assessment:** During this stage, your doctor will ask questions to help him or her choose the best medication for your needs.

2. **Initiation of the drug:** In most cases, medications are started at relatively low dosages to give your body a chance to adapt gradually.

3. **Dose escalation:** During this stage of treatment, the dosage is gradually increased until symptoms start to improve. The goal of dose escalation is to find the lowest dosage that is effective for a particular person. Throughout the process, care is taken to minimize any side effects that may be present.

4. **Maintenance:** During this stage, the individual takes the medication for an extended period of time. For antidepressants, treatment typically continues for at least a year, minimizing the chances that symptoms will return following discontinuation.

5. **Discontinuation:** After a person has improved on a medication, the doctor may encourage her to decrease the amount of the medication she's taking to assess whether she is ready to either lower the dosage or to stop taking the medication completely. If a person is also receiving CBT, it may be helpful to have regular CBT sessions during the discontinuation phase. In some cases, the doctor may recommend continuing a medication that is working. If the individual plans to switch to another medication following discontinuation, the doctor may recommend a *washout* period (in other words, a period during which the person doesn't take any medications) in order to provide enough time for the first medication to leave the system (this is more important for medications with longer half-lives).

Treatment with Antidepressants

Antidepressants are the most frequently recommended medications for social anxiety. These drugs are called "antidepressants" because they were initially marketed for treating depression. However, don't be fooled by the name. These drugs are useful for a wide range of psychological problems, including social anxiety disorder. In fact, they appear to work for social anxiety disorder regardless of whether an individual is depressed. Several classes of antidepressant medications are useful for treating social anxiety disorder. Each is described below. In addition, we included a table of recommended dosages at the end of this section.

We also indicate which of these drugs has been approved by the United States Food and Drug Administration (FDA) for treating social anxiety disorder. Although FDA approval typically indicates that a medication is safe and effective when used properly, there are many medications that are safe and effective for social anxiety disorder that have not been approved by the FDA or regulatory bodies in other countries. This is because it is very expensive and time consuming for pharmaceutical companies to obtain formal FDA indications (conditions the drugs are approved to treat) for their products. Therefore, they tend to apply for only a limited number of approvals for each drug.

Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs are often the first choice among medications for treating social anxiety disorder. In fact, the SSRI paroxetine (Paxil) was the first drug to receive an FDA indication for treating social anxiety disorder. Paroxetine is also available in a continuous-release formula, marketed under the name Paxil CR. Another FDA-approved SSRI is sertraline (Zoloft). Although only these two SSRIs are officially approved for treating social anxiety disorder, any SSRI can be used to treat social anxiety. Fluvoxamine (Luvox), citalopram (Celexa), and escitalopram (Lexapro in the United States, Cipralex in Canada) have all been found to be effective for treating social anxiety disorder. Studies have had mixed results with fluoxetine, or Prozac (Hedges et al. 2007; Katzman et al. 2014). One review averaged the findings of thirty-nine studies of SSRIs for social anxiety disorder and concluded that paroxetine was the most effective option (Davis, Smits, and Hofmann 2014).

Although the side effects vary slightly across SSRIs, one study found that sexual dysfunction, sleepiness, and weight gain were the most common ones (Cascade, Kalali, and Kennedy 2009). Other common SSRI side effects include nausea, diarrhea, headache, sweating, anxiety, tremors, dry mouth, palpitations, chest pain, dizziness, twitching, constipation, increased appetite, fatigue, thirst, and insomnia. Don't be discouraged by this long list. Most people experience only a small number of side effects, and some experience no side effects at all (Cascade, Kalali, and Kennedy 2009; Hu et al. 2004). Side effects are generally quite manageable. They tend to be worse during the first few weeks of treatment, and they can be managed by keeping the dosage low until the person becomes used to the medication. Certain side effects (for example, medication-related weight gain and sexual dysfunction) tend not to decrease over time, unless the drug is stopped or the dosage is decreased.

SSRIs typically take two to four weeks to first show an effect (relative to placebo), though people may notice improvement earlier. They are believed to work by increasing serotonin levels in the brain. Serotonin is a *neurotransmitter*, which is a chemical involved in the transmission of information from one brain cell to the next. Serotonin is thought to be involved in the regulation of emotion and other aspects of psychological functioning. Recent research in people with social anxiety disorder suggests that the effects of SSRIs (as well as the effects of placebo, interestingly) may be related to neural changes in the amygdala (Faria et al. 2012; Faria et al. 2014), an area of the brain involved in the experience of emotion.

Most SSRIs are relatively easy to discontinue, although paroxetine is more likely than the others to cause withdrawal symptoms because the body metabolizes it more quickly (in other words, it has a shorter half-life than other SSRIs). Therefore, paroxetine should be stopped more gradually. Common withdrawal symptoms with paroxetine (and other SSRIs, to a lesser extent) include sleep disturbance, agitation, tremors, anxiety, nausea, diarrhea, dry mouth, vomiting, sexual problems, and sweating.

Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)

Venlafaxine XR (Effexor XR; the "XR" stands for "extended release") is currently the only available SNRI that repeated large studies have found effective for treating social anxiety disorder—in fact, it is approved by the FDA for this purpose. Unlike SSRIs, venlafaxine (including the XR form) acts both on the serotonin and norepinephrine neurotransmitter systems, both of which appear to be related to problems with anxiety and depression. A number of well-controlled studies suggest that venlafaxine XR is useful for treating social anxiety disorder (Davis, Smits, and Hofmann 2014), although, like SSRIs, it takes several weeks to have an effect relative to placebo. The most commonly reported side effects include sweating, nausea, constipation, loss of appetite, vomiting, sleepiness, dry mouth, dizziness, nervousness, anxiety, and sexual problems. When discontinued too quickly, the most common withdrawal symptoms include sleep disturbances, dizziness, nervousness, dry mouth, anxiety, nausea, headaches, sweating, and sexual problems.

Duloxetine (Cymbalta) is a newer SNRI that research has shown to be useful for treating depression and some forms of anxiety. However, with the exception of one small controlled study providing preliminary support (Simon et al. 2010), little is known about its effectiveness for treating social anxiety disorder. More studies on its use for social anxiety disorder are needed before it can be recommended with any confidence.

Other Antidepressants

There are many other popular antidepressants on the market, some of which are potentially useful for treating social anxiety, and some of which are not. In this section, we discuss a few other well-established antidepressants, as well as some that have only recently become available.

- **Bupropion (Wellbutrin)** is a popular medication for depression, though there is little evidence supporting its use for anxiety-based problems, including social anxiety disorder (Katzman et al. 2014).

- **Mirtazapine (Remeron)** is classified as a noradrenergic and specific serotonergic antidepressant (NaSSA), which, like an SSRI, affects both norepinephrine and serotonin levels. Although early research suggested that it might be useful for social anxiety disorder, recent studies have found no difference from placebo (Katzman et al. 2014).

- **Moclobemide (Manerix, Aurorix)** is a reversible inhibitor of monoamine oxidase A (RIMA). Although some studies have found it to be effective for treating social anxiety disorder, others have not (Katzman et al. 2014). Moclobemide is not available in the

United States, though it can be prescribed in Canada and other countries around the world. Because of the mixed findings, moclobemide is not recommended as a first-line treatment (in other words, a treatment to try first).

- **Phenelzine (Nardil)** is a monoamine oxidase inhibitor (MAOI), a class of drugs that affects three neurotransmitter systems in the brain: serotonin, norepinephrine, and dopamine. Research has consistently found this drug to alleviate the symptoms of social anxiety disorder (Davis, Smits, and Hofmann 2014), and, like the other antidepressants, phenelzine takes several weeks to have a therapeutic effect. Despite its effectiveness, it is rarely used in clinical practice because of necessary dietary restrictions, potentially dangerous interactions with other medications, and side effects that tend to be worse than those from other medications. Still, phenelzine may be an option if other treatments haven't worked.

- **Vilazodone (Viibryd)** acts on serotonin, with mechanisms that overlap with SSRIs, as well as through other methods. The FDA approved it in 2011 for treating depression. The most common side effects include nausea, diarrhea, and headaches, though there are other common side effects as well. To date, one preliminary controlled study found evidence supporting its use for social anxiety disorder, though more research is needed (Careri et al. 2015).

- **Vortioxetine (Brintellix)** was approved by the FDA in 2013. Although it appears to be effective for depression, there is no research related to social anxiety disorder, and its effects on other anxiety-related disorders are minimal (Fu, Peng, and Li 2016).

Antidepressant Dose Ranges for Treating Social Anxiety Disorder

Generic Name	Brand Name	Therapeutic Dose Range (mg)*
SSRIs		
citalopram	Celexa	10–40
escitalopram	Lexapro/Cipralex	10–20
fluoxetine	Prozac	10–80
fluvoxamine	Luvox	50–300
paroxetine	Paxil	10–60
paroxetine CR	Paxil CR	12.5–75
sertraline	Zoloft	50–200

Other Antidepressants		
duloxetine	Cymbalta	60–120
mirtazapine	Remeron	15–60
moclobemide	Manerix/Aurorix	300–600
phenelzine	Nardil	45–90
venlafaxine XR	Effexor XR	75–375
vilazodone	Viibryd	10–40

*Dosages are based, in part, on recommendations by Procyshyn, Bezchlibnyk-Butler, and Jeffries 2017.

Treatment with Antianxiety Medications

The most frequently prescribed antianxiety medications are benzodiazepines, sedatives including clonazepam (Klonapin in the United States, Rivotril in Canada), alprazolam (Xanax), diazepam (Valium), bromazepam (Lectopam), and lorazepam (Ativan). To date, only clonazepam (several studies), alprazolam (one study), and bromazepam (one study) have been investigated in controlled studies for the treatment of social anxiety disorder (Katzman et al. 2014). Note that none of these is officially approved by the FDA for treating social anxiety. The typical dosage is as follows (Procyshyn, Bezchlibnyk-Butler, and Jeffries 2017):

- Alprazolam (extended release formula): Recommended starting dose of 0.5 to 1 mg per day, with a maximum daily dose of 3 to 6 mg

- Alprazolam (immediate release formula): Recommended starting dose of 0.75 to 1.5 mg per day, with a maximum daily dose of 4 mg

- Bromazepam: Recommended starting dose of 6 to 18 mg per day, with a maintenance dose of 6 to 30 mg per day

- Clonazepam: Recommended starting dose of 0.5 mg per day, with a maximum daily dose of 4 mg

When taken on a regular basis, these medications tend to be effective for treating social anxiety. The most common side effects include drowsiness, light-headedness, depression, headaches, confusion, dizziness, unsteadiness, insomnia, and nervousness. These drugs may affect a person's ability to drive safely, and they tend to interact strongly with alcohol. In addition, older people should use them with caution, because higher dosages have been associated with a greater likelihood of falling.

Benzodiazepines have several advantages compared to antidepressant medications. First, they work very quickly (within a half hour) and therefore can be used on an "as needed" basis

to deal with particularly stressful situations. They also may be used during the first few weeks of antidepressant treatment, while the individual waits for an antidepressant to take effect. In addition, the side effects of benzodiazepines are quite different from antidepressants, and some people more easily tolerate these drugs.

Despite these benefits, there are also reasons to be cautious. First, people with addiction problems should avoid taking benzodiazepines due to their addictive properties and interactions with other drugs. In addition, people taking them should avoid other sedatives, such as alcohol and sleep medication. Finally, stopping these drugs can cause temporary (but sometimes intense) feelings of anxiety, arousal, and insomnia. In rare cases, abrupt discontinuation can cause seizures. Given that discontinuation can cause intense anxiety, it is not surprising that some individuals have difficulty stopping the use of these drugs. The symptoms of withdrawal can be minimized by very gradual discontinuation. Benzodiazepines are a potentially effective option for treating social anxiety, particularly over brief periods. However, they are typically not recommended as a first-line treatment (Katzman et al. 2014).

Treatment with Anticonvulsants

Anticonvulsants are used to treat seizures, as well as pain, anxiety, and certain mood problems. A number of preliminary studies have recently found that certain anticonvulsants may be useful for treating social anxiety disorder (Katzman et al. 2014). Specifically, at least four controlled studies support the use of pregabalin (Lyrica, with a typical dose range 150–600 mg), and one controlled study supports the use of gabapentin (Neurontin, with a starting dose of 300–400 mg/day, a usual dose of 900–1,800 mg/day, and up to 3,600 mg/day for anxiety). Note that these medications are not approved by the FDA for the treatment of social anxiety disorder, and additional research is needed before they can be recommended as first-line treatments.

Treatment with Antipsychotic Medications

Antipsychotic medications are traditionally used to treat psychotic disorders, such as schizophrenia, though in recent years they have been used to treat a range of problems, including dementia, depression, and anxiety-related disorders. Only two controlled studies have examined the use of these medications for treating social anxiety disorder, and they suggest that ziprasidone (Geodon) and quetiapine (Seroquel) may be useful (Barnett et al. 2002; Vaishnavi et al. 2007). However, given that these findings have yet to be replicated, and the side effects of antipsychotic drugs tend to be more severe than those for more commonly used social anxiety medications, we do not recommend these medications for most people with social anxiety disorder.

Treatment with Beta-Adrenergic Blockers

Beta-blockers are normally used for treating high blood pressure. In addition, they are effective for decreasing some physical symptoms of fear, such as palpitations and shakiness. A number of early studies suggest that beta-blockers may be useful for managing performance-related fears (such as stage fright) in actors, musicians, lecturers, and other performers who don't have full-blown social anxiety disorder (Hartley et al. 1983; James, Burgoyne, and Savage 1983). Propanolol (Inderal) is the most commonly used beta-blocker for treating performance fears (for stage fright, it is normally taken in a single dose of 5 to 10 mg, about twenty to thirty minutes before a performance). However, despite their possible usefulness for everyday performance-related jitters, beta-blockers such as propranolol appear to be ineffective for treating social anxiety disorder or any other anxiety disorder (Steenen et al. 2016).

Natural and Herbal Remedies for Social Anxiety

Herbal preparations have become popular for treating a wide range of health problems. For example, one study found that 39 percent of individuals with social anxiety disorder had used an alternative medicine or herbal remedy during the previous six months (Bystritsky et al. 2012). For the treatment of anxiety and related problems, commonly used herbal preparations include Saint-John's-wort, kava, inositol, Rescue Remedy, and various other products. Very few studies have looked at the effects of these products on people with anxiety-based problems, and preliminary controlled studies to date have investigated the effects of only two products on people with social anxiety disorder.

The first of these is *cannabidiol*, an extract from the cannabis plant. Although there is no research on medical marijuana as a treatment for social anxiety, two recent studies suggest that cannabidiol may be a useful treatment for both public speaking anxiety (Bergamaschi et al. 2011) and generalized social anxiety disorder (Crippa et al. 2011). The other natural supplement is Saint-John's-wort (also known as *Hypericum*). Although some studies have found it useful for treating depression, the only study to investigate this product for social anxiety disorder found no benefits over and above the effects of placebo (Kobak et al. 2005).

In addition to the lack of studies on the *effectiveness* of herbal treatments, very little is known about their *safety* or the extent to which they interact with conventional medications. Be sure to tell your doctor if you are taking any herbal products, just in case there are known interactions with medications you may be taking.

Although little is known about the effects of herbal treatments on social anxiety, a few studies examined the use of herbal products and other alternative and complementary treatments for other anxiety problems (Sarris et al. 2012), and more studies are underway. In the coming years, additional information regarding the safety, interactions, and effectiveness of these treatments will become available.

Combining Medications

Your doctor may recommend combining several medications to treat your social anxiety, especially if a single medication has not worked as well as expected. Most often, this may include combining two or more antidepressants or adding another type of medication (for example, an antianxiety or antipsychotic medication) to an antidepressant. There is very little research on the benefits of combining different medications for social anxiety disorder, so recommendations to combine medications may be based on factors other than research, such as your doctor's experience in treating other socially anxious individuals.

One combination that has been studied (to a limited extent) for social anxiety disorder is combining an SSRI antidepressant with an antianxiety medication. For example, one study combined paroxetine (an SSRI) with clonazepam (an antianxiety medication) to see whether doing so sped up recovery compared to combining paroxetine with a placebo (Seedat and Stein 2004). The study found that there was no overall benefit. Another study looked at individuals who did not respond to sertraline (an SSRI) alone. It found that they benefited when clonazepam was added to sertraline compared to when a placebo was added (Pollack et al. 2014). In summary, evidence on the benefits of combining medications is limited, and the few studies that have been published have mixed results.

Combining Medication with Psychological Treatments

Studies comparing medications to CBT have generally found both approaches to be very effective for reducing anxiety. In addition, a number of researchers have begun to study the benefits of combining CBT and medications. In this section, we discuss two ways that combining medications and psychological treatment have been studied: (1) combining antidepressant medications with CBT, and (2) using cognitive enhancers to boost the effects of exposure therapy.

Combining Antidepressant Medications with CBT

In practice, individuals with social anxiety disorder are often treated with a combination of antidepressant medications (for example, an SSRI) and CBT. Nevertheless, there do not appear to be any consistent benefits of combining these treatments. That is, on average, antidepressant medication, CBT, and a combination of these approaches all tend to be about equally effective based on the available evidence (Mayo-Wilson et al. 2014). However, that doesn't mean that one approach or another won't be more effective for a specific person (including you). In other words, it is often the case that some people do best with CBT, some do best with medication, and some do best with a combined treatment. If you decide to try

combining CBT with an antidepressant medication, it is more likely that your treatment will be helpful if both are delivered in a coordinated fashion—for example, the same person delivers both treatments, or the professionals providing you with CBT and medication are in contact with one another. As mentioned earlier, we recommend that most people try CBT first, if it is available and affordable, and adding antidepressant medications if CBT alone is ineffective or partially effective.

Using Cognitive Enhancers to Boost the Effects of Exposure Therapy

Cognitive enhancers are drugs that facilitate learning, such as D-cycloserine (or DCS). In the past, DCS was used as an antibiotic drug (under the brand name Seromycin) for treating tuberculosis. As it turns out, DCS also has effects in the brain, where it increases activity in the N-methyl-D-aspartate (NMDA) glutamatergic receptors (glutamate, like serotonin, is a type of neurotransmitter). These effects, in turn, appear to enhance learning. Just over a decade ago, based on effects seen in animal studies, researchers first wondered whether DCS might also enhance the learning that occurs during exposure to feared situations. A number of studies have since shown that DCS can speed up the effects of exposure therapy for social anxiety disorder (Guastella et al. 2008; Hofmann et al. 2013).

Specifically, individuals who take 50 mg of DCS shortly before exposure practices appear to respond more to exposure therapy than those who take a placebo, especially when their response to therapy is assessed early in treatment. After a full course of therapy, however, those who don't take DCS appear to "catch up." In other words, DCS seems to speed up the effects of exposure therapy, but it is not associated with long-term benefits compared to a full course of exposure therapy without DCS.

One interesting finding regarding the use of DCS with exposure therapy relates to how well a given exposure practice goes. DCS does not directly reduce anxiety; rather it boosts learning. So, if an exposure practice provides a positive learning experience (for example, if anxiety decreases during the practice), then DCS will enhance the positive learning experience, leading to lower anxiety at the start of the next practice. However, if an exposure practice doesn't go so well (for example, if anxiety is still high at the end), then DCS (compared to placebo) seems to enhance the negative learning experience, leading to greater fear at the start of the next practice (Smits et al. 2013).

Although there is evidence that drugs such as DCS can speed up the effects of exposure therapy early in therapy, the use of DCS is rare in routine clinical practice, and it may be hard for you to find a doctor who will recommend it as an adjunct to exposure therapy. That may be, in part, because the therapist who provides CBT (including exposure therapy) is often not the person prescribing your medications. It may also be because many prescribing doctors are

still unfamiliar with the new research on DCS. Finally, it may be because the effects of DCS are not that important for success over the long term. As mentioned earlier, although DCS can speed up the effects of exposure, people tend to do equally well by the end of their CBT, regardless of whether DCS was included.

DCS is not the only cognitive enhancer being investigated. For example, one study found that a drug called yohimbine may also boost the effects of exposure therapy (Smits et al. 2014). Considerable research on the benefits of cognitive enhancers, such as DCS and yohimbine, in combination with psychological treatments is underway, and it is likely that we will see further developments in this area in the coming years.

Common Questions About Medication

The decision about whether to try medication shouldn't be taken lightly, and it's common for people to have many questions.

Question: Is taking medication a sign of weakness?

Answer: Taking medication for social anxiety disorder is no more a sign of weakness than taking medication for any other problem, including physical illnesses such as high blood pressure.

Question: What level of improvement can I expect?

Answer: A small percentage of people obtain no benefit at all from medications for social anxiety disorder. At the other extreme, a small group of people may completely overcome their social anxiety disorder. However, most people with social anxiety disorder experience moderate improvements with medications. They tend to feel less anxious overall and are more comfortable in a broader range of situations. However, there may still be times when social anxiety is a problem.

Question: Are medications for social anxiety dangerous?

Answer: When taken as prescribed, medications for social anxiety disorder are generally safe. When side effects cause problems, as a rule they are easy to manage by decreasing the dosage or switching to a different drug.

Question: Is it dangerous for me to stop taking my medication?

Answer: Medications should always be stopped gradually and in close consultation with your doctor. If done properly, discontinuation is generally safe.

Question: What happens if my medication doesn't work for me?

Answer: If your medication doesn't work, it is important to first make sure you have been taking it every day for a long enough time and at an adequate dosage. If your medication still is not effective despite an appropriate duration and dosage, you may still benefit from trying a different medication or from receiving CBT.

Question: How long should I try a medication before assuming it isn't going to work?

Answer: Most antidepressants will start to have an effect within four to six weeks, if not earlier. If you haven't experienced any benefit after eight weeks at a high enough dosage, it may be worth discussing a different treatment with your doctor.

Question: If I go off my medication and my anxiety returns, am I likely to benefit again if I resume taking the same medication?

Answer: When a previously effective medication is tried for a second time (following a break), often it will work again. However, some medications are less effective the second time, in which case a different medication may be prescribed.

In summary, medications can be an effective method of managing severe social anxiety. Research has shown that certain antianxiety medications (for example, clonazepam) and a number of different antidepressants (for instance, paroxetine and venlafaxine) consistently reduce symptoms of social anxiety. If you decide that you would like to try medication, a first step is to contact your family doctor or psychiatrist. Your doctor will be able to recommend a medication that is likely to work for you.

CHAPTER 6

Changing Anxiety-Provoking Thoughts and Expectations

The word *cognition* refers to the ways we process information, including experiences such as thought, perception, interpretation, attention, memory, and knowledge. The word *cognitive* is simply the adjective form of the word. For example, *cognitive science* is the science concerned with the ways we think. *Cognitive therapy* is a type of psychotherapy designed to change negative and unrealistic beliefs, thoughts, and interpretations.

This chapter provides an overview of strategies that have been shown to be useful for decreasing social anxiety by changing negative or unrealistic patterns of thinking. Many of the cognitive techniques and principles discussed in this book have been presented and expanded upon elsewhere by authors such as Aaron T. Beck (D. A. Clark and Beck 2010), David Burns (1999), David M. Clark (D. M. Clark and Wells 1995), Richard Heimberg (Heimberg and Becker 2002), Christine Padesky (Greenberger and Padesky 2016), and others. Over the years, the majority of therapists who practice cognitive therapy have adopted strategies similar to the ones we discuss in this chapter. Note that cognitive strategies are often combined with behavioral strategies, including exposure therapy. *Cognitive behavioral therapy* (CBT) is the broader term for therapies that include cognitive approaches, behavioral approaches, or both.

The Birth of Cognitive Therapy

In the 1960s and 1970s, a number of psychologists and psychiatrists, disenchanted with traditional psychotherapies, such as psychoanalysis, began to explore other ways of helping their patients and clients. Working independently, psychiatrist Aaron Beck (1963, 1964, 1967, 1976) and psychologists Albert Ellis (1962, 1989) and Donald Meichenbaum (1977) each developed new forms of therapy based on the premise that people's difficulties with anxiety, depression, anger, and related problems stem from the ways they think about themselves, their environment, and the future.

For example, they assumed that fear stemmed from a belief that a particular situation was threatening or dangerous. Beck, Ellis, and Meichenbaum each developed treatments designed to help individuals to recognize how their beliefs and assumptions contribute to their negative emotions, and to overcome psychological suffering by changing these negative thoughts. Ellis called his form of treatment rational emotive therapy, later renaming it rational emotive behavior therapy (REBT; 1993). Meichenbaum referred to his form as cognitive behavior modification (CBM). It was Aaron Beck, however, who first used the term *cognitive therapy* in describing his treatment. Each of these three new treatments was developed at about the same time, and they were quite similar with respect to underlying assumptions and some of the treatment strategies used.

Over the years, Beck's form of treatment has become more popular and prominent than either Ellis's or Meichenbaum's approaches. Furthermore, Beck's cognitive therapy has been subjected to more rigorous study than either REBT or CBM for the treatment of social anxiety. Therefore, the methods discussed in this chapter are based on those developed by Beck and his collaborators, as well as others who adapted and expanded upon Beck's methods for treating social anxiety and related problems.

Assumptions of Cognitive Therapy for Social Anxiety

Here are some of the basic assumptions of cognitive therapy, particularly as they relate to the treatment of shyness, social anxiety, and performance fears.

- The emotions we experience in a specific situation depend on our beliefs. In other words, different people experience different emotions in the same situation because they interpret the situation differently. For example, imagine that a friend of yours canceled a dinner date at the last minute without providing a reason. The following table lists possible emotional reactions you might have depending on your beliefs and interpretations.

Interpretation	Emotion
My friend has been hurt or is ill.	Anxiety or worry
My friend isn't treating me with the respect I deserve.	Anger
My friend doesn't care about me.	Sadness
Thank goodness the dinner has been canceled; I am always so nervous when I have to eat with others.	Relief
I guess something else came up. Everyone changes plans from time to time, including me.	Neutral

- Anxiety and fear result when a person interprets a situation as threatening or dangerous. Although sometimes fearful predictions and interpretations are accurate, they are often exaggerated or inaccurate. Chapter 1 provided a list of thoughts and assumptions that can contribute to social anxiety. These include beliefs about one's performance (such as *People will think that I am an idiot*), as well as beliefs about the anxiety itself (for instance, *It's important for me not to appear anxious in front of other people*). Beliefs such as these help to maintain a person's anxiety in social and performance situations.

- A goal of cognitive therapy is to encourage realistic thinking rather than simply positive thinking. There are occasions when the beliefs associated with your anxiety are realistic and proportional to the actual threat in a given situation. In these cases, anxiety may be a good thing because it helps you stay on guard and protect yourself from possible danger. For example, being a bit nervous while interacting with an authority figure (for example, your boss or a police officer) may protect you from seeming overly confident, demanding, or aggressive. Cognitive therapy focuses on situations in which your beliefs, predictions, and interpretations are exaggerated compared to the actual level of danger.

- A goal of cognitive therapy is to be able to think more *flexibly*, and to look at situations from as many different perspectives as possible. Normally, when we experience strong emotions (such as anxiety, fear, sadness, and anger), our interpretations tend to narrow, focusing almost exclusively on the thoughts associated with those emotions. In cognitive therapy, people are instead encouraged to ask, "What are some other ways of looking at this situation?"

- People naturally tend to seek out and pay attention to information that confirms their beliefs. In the case of social anxiety, people pay more attention and give more weight to evidence that indicates others are judging them negatively (such as a history of being teased in high school) than to evidence that contradicts beliefs (for instance, a history of very positive performance appraisals at work). Cognitive therapy aims to help people to consider all the evidence before coming to conclusions.

Anxiety-Provoking Thinking Styles

Anxiety-provoking thinking begins and persists when people have exaggerated or incorrect assumptions about what is likely to happen in a given situation, about the quality of their own performance, or about what other people are thinking of them. This section includes descriptions of some of the most common styles of thinking that often play a role in social and performance anxiety. Note that we have chosen to not include all examples of negative and exaggerated thinking that other authors have highlighted (see, for example, Burns 1999). In most cases, we omitted these either because they are not especially relevant to social anxiety

or because they overlap considerably with similar examples we included. In fact, even the various thinking styles on this list overlap to some extent. As you may notice, a particular thought (something like *Other people will think that I am boring*) may easily fit into more than one category (probability overestimation, mind reading).

Probability Overestimation

A *probability overestimation* is a prediction that a person believes is likely to come true, even though the actual likelihood is relatively low. For example, someone who is fearful of giving presentations might predict that the next presentation is likely to go poorly, even though her presentations usually go well. Similarly, a person who is nervous about dating might assume that other people will find him unattractive, even though many people found him to be attractive in the past. Probability overestimation is one of the most common types of thinking associated with high levels of anxiety. Here are some examples:

- I will be overwhelmed with panic.

- Everyone at the party will think I'm stupid.

- My presentation will be a disaster.

- I will never be in an intimate relationship again.

- I will have nothing to say if I phone my cousin.

- I will lose my job if I make a mistake.

- If I go out, everyone will stare at me.

Can you think of recent instances when you assumed that things were going to turn out badly, without any evidence for that assumption? If so, list your own examples of probability overestimation below.

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Mind Reading

Mind reading is actually an example of a probability overestimation. It involves making negative assumptions about what other people are thinking, particularly what they might be

thinking about you. If social anxiety is a problem for you, it is likely that you assume others think negatively about you. Although it is true that people sometimes make negative judgments about others, the chances are good that this occurs much less often than you think. In many cases, your assumptions about what others are thinking are probably exaggerated or even completely untrue. Each of the following thoughts is an example of mind reading:

- People find me boring.

- My boss will think I'm an idiot if he sees my hands shaking.

- People will think my Facebook photo is ugly.

- When people look at me, they are thinking I am strange or weird.

- Most people see anxiety as a sign of weakness.

- My friends think I am awkward or stupid when I lose my train of thought.

- People always know when I am feeling anxious.

Can you think of recent times when you made assumptions about what other people were thinking about you? If so, list your own examples of mind reading below.

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Catastrophic Thinking

Catastrophic thinking (also known as catastrophizing) is the tendency to assume that if a negative event were to occur, it would be absolutely terrible and unmanageable. For example, people who feel anxious around others may believe *It's a disaster if others think badly of me*, or *I cannot cope if I know that someone is judging me*. Of course, we all make mistakes, offend others, or look foolish from time to time. Cognitive therapy teaches people to consider possible alternative beliefs, such as *Who cares what this person thinks? I have the right to make a mistake from time to time. Or, I feel sorry that I upset that person, but everyone puts their foot in it at times.* Below are additional examples of catastrophic thinking:

- It would be terrible if my anxiety showed during my presentation.

- I would not be able to handle making a fool of myself.

- It would be terrible to be unable to think of things to say during my date on Saturday night.

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- If someone shows signs of not liking me, it feels like the end of the world.

- It would be terrible to lose my train of thought during a presentation.

- It would be a disaster if I blushed while answering a question in class.

In the space below, list examples of times when you catastrophized or exaggerated how bad a particular outcome would be if it were to occur.

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Personalization

Personalization is the tendency to take more responsibility for a negative situation than you should, rather than acknowledging all the different factors that may have contributed to the situation. The following table offers examples of personalization, followed by examples of other factors that may have contributed to the situation.

Examples of Personalization	Other Contributing Factors
At a friend's birthday party, a guest and I ran out of things to talk about very quickly. I think the conversation ended so fast because I am so boring and can't think of things to say.	Other factors that may have contributed to the quick end to the conversation include (1) the other person couldn't think of anything to talk about; (2) I had nothing in common with the other guest, even though neither of us is actually boring; and (3) it is normal for conversations at parties to end fairly quickly. Nobody was at fault.
The fact that my boss got angry at me for making a mistake is proof that I am incompetent.	Other factors that may have contributed to my boss's reaction include (1) my boss often gets angry at people, so I shouldn't feel singled out. (2) My boss's expectations are too high. I know that not every boss in the world would have yelled at me for making a mistake. Part of why my boss became angry had to do with his own expectations, rather than me making a mistake. And (3) there are many reasons why people make mistakes besides incompetence.

Someone fell asleep during my presentation, proving once again that I am a really boring speaker.	Other factors that may have contributed to the situation include (1) the topic was somewhat dry, and it would have been difficult for any speaker to make it exciting; (2) the presentation was late in the day, and the audience member was feeling tired; and (3) it is normal for some people to feel bored at a talk, though other people probably found it interesting.
I was in an elevator and a woman was staring at me. She was probably thinking that I looked strange.	Other possible explanations include (1) she was staring at me because she liked the way I look or what I was wearing, (2) she was looking in my direction but wasn't really looking at me (maybe she was staring into space or daydreaming), and (3) she noticed me but was thinking of other things.

Can you think of recent times when you engaged in personalization? If so, list your own examples below.

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Should-Statements

Should-statements are incorrect or exaggerated assumptions about the way things *ought* to be. Statements that include words such as "always," "never," "should," and "must" are often should-statements. Sometimes, the tendency to use words such as these is a sign of having overly rigid and perfectionistic expectations for yourself or others. Here are some examples of should-statements:

- I should never feel nervous around other people.

- I must never let my anxiety show.

- I should never make mistakes.

- I must never inconvenience other people.

- Others should never think badly about me.

- I ought never to do anything to draw attention to myself.

- Others must never tease me or laugh at something that I have done.

- I should always be interesting and entertaining to others.

- I must do things perfectly so everything is just right.

In the space below, list examples of your own unreasonable expectations—the shoulds—that you hold for yourself or others.

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All-or-Nothing Thinking

All-or-nothing thinking (also called black-and-white thinking) is the tendency to judge any performance that falls short of perfection as being completely unacceptable. This type of thinking involves seeing things in terms such as right versus wrong, or perfect versus awful, without acknowledging all the possibilities that lie between these extremes. As with should-statements, all-or-nothing thinking is associated with excessive perfectionism and a tendency to hold unrealistic standards. Here are several examples of all-or-nothing thinking:

- If I lose my train of thought even once, I will blow the entire presentation.

- Even one person thinking I look nervous is too many.

- If I don't get an A on my exam, my teacher will think I am stupid.

- It is unacceptable if my boss makes any negative comments or suggests even one area for improvement during my annual performance review.

- Showing any signs of anxiety is almost as bad as falling completely apart.

In the space below, list examples of times you engaged in all-or-nothing thinking.

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Selective Attention and Memory

Selective attention is the tendency to pay more attention to certain types of information than to other types. *Selective memory* is the tendency to remember certain types of information more easily than other types. As discussed earlier, people are more likely to attend to and remember information that is consistent with their beliefs. They are also more likely to notice information that they are looking for and to miss information that they are not looking for. A helpful demonstration of this idea can be found here: https://www.youtube.com/watch ?v=Ahg6qcgoay4&t=9s. The video is just over a minute long. (If you have trouble finding it, search for "Test Your Awareness: Do the Test" on YouTube.)

What does this video have to do with shyness and social anxiety? Well, there is evidence that people with social anxiety selectively attend to and remember information that's consistent with their anxiety-provoking beliefs. For example, they may be more likely than others to remember times when they were criticized or teased or when they performed poorly in a social situation. When socially anxious people are being observed in social situations or are interacting with other people, they are especially likely to notice people who appear to be bored or disapproving. Here are some other examples of selective memory and attention:

- Ignoring positive feedback from a teacher or boss (in other words, discounting positive feedback as if it doesn't matter), yet taking negative feedback very seriously (for example, letting negative feedback ruin your day).

- Focusing on the one low grade on your report card, and ignoring all the high grades.

- Remembering being teased in high school, while forgetting about the good times with friends after school.

- Focusing on audience members who seem bored during your presentation, and ignoring those in the crowd who appear to be enjoying your talk.

- Focusing on the moment during a conversation when you stumbled over your words and lost your train of thought, while ignoring the fact that the rest of the conversation was fairly smooth.

Can you think of times when you selectively paid attention to information that confirmed your anxiety-provoking beliefs and selectively ignored information that was inconsistent with those beliefs? Can you think of times you focused on negative memories rather than positive ones? In the space below, list examples of both.

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Negative Core Beliefs

Core beliefs are deep, long-standing beliefs and assumptions that color the way we view things across situations. Negative core beliefs include unhelpful assumptions that people hold about themselves (for example, *I am incompetent*), other people (for instance, *Other people cannot be trusted*), and the world (such as *The world is a dangerous place*). The more strongly one holds these core beliefs, the more difficult they may be to change.

One technique for uncovering core beliefs involves continually asking about the meaning of each negative belief until the core beliefs underlying the negative interpretations are revealed. The following conversation between Liam and his therapist illustrates this process.

Liam: I am terrified to ask my coworker Cindy out on a date.

Therapist: What are you afraid might happen if you ask her out?

Liam: Mostly, I'm afraid she will say no.

Therapist: Why would that be a problem?

Liam: If she rejects me, it will probably mean that she doesn't find me attractive.

Therapist: What would be so bad about that?

Liam: It will confirm my own belief that I am unattractive.

Therapist: What if that's true?

Liam: Well, if I really am unattractive, that means nobody will ever think I'm attractive or want to date me. It would mean that I am unlovable.

Therapist: What would be bad about being unlovable?

Liam: If I am unlovable, I am bound to be alone forever.

Therapist: So, to summarize, you seem to be saying that (1) if another person turns down your invitation for a date, it means that she finds you unattractive; (2) if another person finds you unattractive, then everyone will find you unattractive; (3) being turned down for a date means that you are unlovable and destined to be alone forever. Do you think of yourself as unlovable?

Liam: I think I do. Part of me knows it isn't true, but much of the time I just can't shake that belief.

How to Identify Anxiety-Provoking Thoughts and Predictions

In chapter 3, we discussed strategies for identifying anxiety-provoking thoughts as part of your self-interview. We suggest that you review the relevant passages in the section "What Are Your Anxiety-Provoking Beliefs, Predictions, and Expectations?" before trying to use the techniques discussed in the remainder of this chapter. There is no point trying to challenge your thoughts unless you are clear about their content. It's important to remember that identifying anxiety-provoking thoughts should be an ongoing process, rather than just a one-time review. Whenever you find yourself in an anxiety-provoking situation, try to identify the specific thoughts and predictions that contribute to your discomfort. In most cases, you can identify your thoughts and predictions by asking yourself a series of questions:

- What am I afraid will happen in this situation?

- What do I fear the other person will think about me?

- What will happen if my predictions or interpretations are true?

Sometimes it may be difficult to pinpoint your thoughts. Chances are that social anxiety has been a part of your life for so long that your negative thoughts are well rehearsed, very quick, and almost automatic (like habits). Also, the fact that you probably avoid the situations you fear makes it that much more difficult to remember exactly what thoughts tend to occur when you are actually in the situation.

If you have difficulty identifying your thoughts, we suggest that you try to engage with the situations you fear and attempt to identify your thoughts (for example, any assumptions, interpretations, or predictions you become aware of) while in the situation. With practice, it should get easier to recognize your thoughts. In fact, even if you are unable to identify the specific thoughts that contribute to your anxiety, practicing being in the situation will likely lead to a decrease in your fear, as discussed in chapters 7 and 8.

Strategies for Changing Anxiety-Provoking Thoughts

This section provides an overview of eight different strategies for changing the thoughts and predictions that contribute to your social anxiety. The strategies are (1) examining the evidence for your beliefs, (2) challenging catastrophic thinking, (3) conducting behavioral experiments, (4) noticing your strengths, (5) seeing yourself as others do, (6) examining the costs and benefits of your thoughts, (7) creating rational coping statements, and (8) completing

social anxiety thought records. We describe each strategy and include exercises so you can try each one. Near the end of the chapter, we suggest ways to tie together all the pieces and to integrate cognitive therapy techniques into your larger treatment plan.

You can use the strategies in this chapter at any point in the anxiety cycle. It is common to experience anxiety while anticipating a socially threatening situation (we call this *anticipatory anxiety*), while in the situation, and even after the situation has ended. It is not unusual for people to dwell on their performance in a social situation; sometimes it might be for a few minutes, but it can last for days, weeks, or longer. The tendency to look back and ruminate about how terribly a social situation went is referred to as *postevent processing*. We encourage you to practice these strategies whenever you feel anxious, regardless of whether it's while preparing to give a presentation, feeling panicky at a party, or ruminating about whether your job interview went well.

Examining the Evidence

Just because someone believes that others are having critical thoughts doesn't mean that they really are. In fact, what we assume others are thinking about us is often completely different from what they are actually thinking. How many times have you heard others say "My hair looks awful," or "I am such a loser," and thought to yourself that they seemed just fine to you? If you consistently assume you're inferior in the eyes of others, you're probably exaggerating or misinterpreting their reactions to your appearance, behavior, or performance.

The first step toward changing your thoughts is to recognize that your beliefs are not facts; rather, they are simply guesses or hypotheses about the way things are. By examining the evidence for your thoughts, you will be able to assess the extent to which your beliefs are true. Remember, your natural tendency may be to seek out only information that confirms your negative beliefs about yourself. Examining the evidence involves trying to achieve a more balanced view by looking at all the evidence, especially information that contradicts or disproves your thoughts and predictions.

To examine the evidence for your beliefs, we recommend that you get into the habit of asking yourself questions such as the following:

- How do I know for sure that my prediction will come true?

- What do my past experiences tell me about the likelihood of my thoughts coming true?

- Were there times when I experienced anxiety-provoking thoughts that didn't come true?

- Are there facts or statistics that can help me to decide whether my prediction is likely to come true?

- Are there other possible interpretations for this situation?

- How might another person (especially someone who isn't anxious) interpret this situation?

You may find it useful to type these questions into your smartphone or other device as a reminder. Alternatively, you can type them on a small index card to carry in your pocket or wallet. Essentially, examining the evidence for your thoughts involves four basic steps, illustrated below in this example for combating the fear of shaking during a presentation.

1. IDENTIFY THE ANXIETY-PROVOKING BELIEF, PREDICTION, OR INTERPRETATION

- The audience members will think I am incompetent if they see my hands shaking during my talk.

2. GENERATE ALTERNATIVE BELIEFS, PREDICTIONS, AND INTERPRETATIONS

- Nobody will notice my shaking.

- Only a small number of people will notice my shaking.

- People who notice my shaking will think I'm tired or that I've had too much coffee.

- People who notice my shaking will think I'm feeling a bit anxious.

- It is normal to shake sometimes, so people will think nothing of it if they notice my shaky hands.

3. WEIGH THE EVIDENCE

Evidence Supporting Your Anxiety-Provoking Beliefs, Predictions, and Interpretations

- I believe that my shaking is very extreme.

- A few people have commented on my shaky hands over the years.

- I tend to notice when other people shake.

Evidence Supporting Your Alternative Beliefs, Predictions, and Interpretations

- I know others with shaky hands, and people don't seem to think they are incompetent.

- When I notice other people shaking, I don't think they are incompetent.

- When I ask others if they noticed me shaking, they usually say no.

- When people have noticed my shaking, they didn't treat me any differently.

- The people in the audience know me well. I can't imagine that their opinions of me would change dramatically based on whether my hands shook during a single presentation.

4. IDENTIFY A MORE BALANCED AND FLEXIBLE WAY TO LOOK AT THE SITUATION.

- Some people may notice my shaky hands, but it's unlikely that they will think I'm incompetent.

You can use the Form for Examining the Evidence as you begin to work on examining the evidence supporting and contradicting your negative beliefs. You may want to make copies of it (or download it from http://www.newharbinger.com/33407) so you can use it whenever you encounter a feared situation.

Form for Examining the Evidence

Situation

_____

_____

Anxiety-Provoking Beliefs, Predictions, and Interpretations

_____

_____

Alternative Beliefs, Predictions, and Interpretations

_____

_____

Evidence Supporting My Anxiety-Provoking Beliefs, Predictions, and Interpretations

_____

_____

Evidence Supporting My Alternative Beliefs, Predictions, and Interpretations

_____

_____

Identifying a More Balanced and Flexible Way to Look at the Situation

_____

_____

To further illustrate the process of examining the evidence, here is an example of a discussion between Stephen and his therapist. In it they demonstrate how to first identify anxiety-provoking beliefs and then to challenge them based on the client's past experiences.

Therapist: What do you think will happen if you attend your company picnic next week?

Stephen: I am nervous that I won't be able to come up with anything to say to anyone. Everyone else will be talking about their children. I'm not in a relationship, and I have no kids, so I will have nothing in common with any of them.

Therapist: How sure are you that you will have nothing to say?

Stephen: Probably about 90 percent.

Therapist: What that means is that nine out of ten times that you attend an event like this one, you have nothing to say. Is this really true? What happened at last year's company picnic?

Stephen: When I first arrived, it was difficult. I stood off to the side and didn't say much to others. After a while, people started to include me in their conversations, and it got easier. I think it was especially difficult last year, because I had just started at the company and didn't know anyone very well.

Therapist: Were you able to think of things to say?

Stephen: At first, I struggled. I think it was harder for me than it was for the others, but I was able to think of a few things to talk about, especially later in the afternoon.

Therapist: Did everyone at last year's picnic bring a partner or spouse? Did they all talk about their children?

Stephen: No. In fact, there are a few other single people at work. Last year, lots of people ended up talking about work.

Therapist: Thinking back to last year's company picnic, do you still think that you won't have anything to say at this year's picnic?

Stephen: Well, I may not be as talkative as some other people, but I suppose I will probably find something to talk about. Maybe it will be easier this year because I've worked with these people for over a year, so I know them much better.

Challenging Catastrophic Thinking

Challenging catastrophic thinking requires shifting the focus of your thoughts from how terrible a particular outcome would be to how you might manage or cope with the outcome if it occurred. One of the most effective ways to overcome catastrophic thinking is to ask yourself questions like the following:

- So what?

- What if my fears actually come true?

- How can I cope with _____ if it were to occur?

- Would _____ really be as terrible as I think?

- Does this really matter in the big scheme of things?

- Will I care about this a month from now? A year from now?

In many cases, you will realize that even if your fear does come true, it won't be the end of the world. You will cope with the situation, and your discomfort will pass. The following discussion between Aimee and her therapist illustrates how they used this strategy to challenge catastrophic thinking related to asking someone out on a date.

Aimee: I am terrified of asking anyone out on a date for fear of rejection.

Therapist: Is there a particular person you have considered asking out?

Aimee: There is a guy in one of my classes. I've sat beside him a few times. The class ends just before lunch, so I've thought of asking him to have lunch with me.

Therapist: What's stopping you? What do you think might happen if you ask him to join you for lunch?

Aimee: Mostly, I'm afraid he won't be interested in me. I will put him on the spot and he'll have to come up with an excuse to turn me down. I'm afraid he'll think I'm stupid, or even worse, he'll feel sorry for me.

Therapist: As we discussed in our last meeting, there are lots of different reactions that others may have when they first meet you. Thinking you're stupid or feeling sorry for you are just two of many possibilities. Nevertheless, let's assume for a moment that your fears actually are true. What if he does think you are foolish and feels sorry for you?

Aimee: I don't know. I guess I would feel terrible.

Therapist: Would it mean that you really are pathetic and stupid?

Aimee: I suppose not.

Therapist: Would it mean that all other people also think you are stupid and pathetic?

Aimee: Not really.

Therapist: Why not?

Aimee: Well, his opinion doesn't reflect that of other people. I know my friends don't think I'm pathetic. At least I hope not.

Therapist: If you're not stupid or pathetic, why else would he reject you?

Aimee: Perhaps he might have other lunch plans. Or, maybe he's already in a relationship.

Therapist: Those are both possibilities, but let's come back to your original thoughts. What if he really thinks you're pathetic, and that's why he isn't interested in spending time with you?

Aimee: I guess it wouldn't matter. Over our past few meetings, I've come to recognize more that not everyone has to like me. Perhaps it would mean that we're just not a good match.

Therapist: If he declines your offer for lunch, do you think you will be able to cope with the feelings of rejection?

Aimee: I think so. It will feel bad at first, but I think I can stop myself from getting too down on myself.

Overcoming catastrophic thinking also involves combating the tendency to concentrate only on the immediate consequences of some negative experience (for example, "People will think badly about me during my presentation") and to forget that your discomfort will pass after a short time. In reality, the consequences of making a mistake or of embarrassing yourself are usually minimal and almost never last very long. Even if people notice that you've made a mistake or that you appear to be anxious, they are likely to forget about it after a few minutes. We included a Decatastrophizing Form (also available for download at http://www.newharbin ger.com/33407) on the following pages to help you challenge your catastrophic thoughts in social situations. The form includes three columns. In the first column, describe the situation that led you to feel anxious. In the second column, describe your anxiety-provoking thoughts

and predictions. Now, ask yourself the questions provided earlier in the bulleted list (such as "So what?"), and record your noncatastrophic responses in the third column. Here are some examples:

Column 1 (Examples of Situations)

- Giving a presentation

- Having difficulty thinking of things to say during a conversation

- Attending a party

- Asking someone out on a date

- Walking through a busy mall

Column 2 (Examples of Anxiety-Provoking Thoughts and Predictions)

- _____ will think I am stupid.

- My hands will shake.

- I will look weak or incompetent.

- _____ will feel sorry for me.

- _____ will notice my anxiety.

Column 3 (Examples of Noncatastrophic Responses)

- Even if _____ thinks I'm an idiot, it doesn't mean I really am one. His opinion doesn't reflect that of everyone else.

- It wouldn't be the end of the world if _____ noticed my anxiety. Everyone feels anxious from time to time.

- Who cares if my hands shake? I have the right to have shaky hands. Probably others won't even notice. Even if they notice, they probably won't care. My boss has shaky hands and nobody seems to care.

- If I am ridiculed or laughed at, it would be manageable. Most people get teased and ridiculed from time to time. I certainly laugh at other people sometimes. Other than the temporary discomfort or embarrassment, it wouldn't really matter in the big scheme of things.

Decatastrophizing Form

Situation	Anxiety-Provoking Thoughts and Predictions (What do I think will happen?)	Noncatastrophic Responses (What if my thoughts come true?)

Behavioral Experiments

Cognitive therapy involves examining the validity of your thoughts and predictions in the same way that a scientist examines the validity of a scientific theory or hypothesis. In fact, the experiment is perhaps the most powerful tool scientists have to test their assumptions. In cognitive therapy for social anxiety, experiments involve challenging anxiety-provoking thoughts by setting up small behavioral tests to see whether a thought is in fact valid. Through a series of repeated behavioral experiments, it is likely that you will disprove some of the thoughts and predictions that contribute to your fear and anxiety. The following table lists examples of specific experiments you can use to test the validity of anxiety-provoking thoughts.

Anxiety-Provoking Thought	Example of Behavioral Experiment
It would be terrible to have my hand shake while I hold a glass of water.	Purposely shake your hand while you hold a glass of water. For a true test of your beliefs, let the water spill all over you! Then see if it really is so terrible.
I will make a fool of myself at my job interview tomorrow, so why bother going?	Go to the job interview and see what happens.
I can't cope with being the center of attention.	Do something to draw attention to yourself. For example, arrive to class late, drop your keys, wear your shirt inside out, or knock over some unbreakable items (for example, paper towel rolls) in a supermarket.
It would be terrible to seem stupid or incompetent.	After your items have been rung up at the counter, explain to the cashier that you forgot your money.
I will be rejected if I ask a coworker to have dinner with me.	Invite your coworker for dinner and check out his or her reaction.

Try to choose experiments in which you have little to lose. For example, don't tell your boss how much you hate her just to see what happens! Select experiments in which discomfort or temporary embarrassment is the worst potential outcome. Remember, the more social risks you take, the more often they will pay off. Along the way, however, you will experience rejection. If you don't take risks, you will never be rejected—but you will also never experience the benefits of taking social risks, including improved relationships, a better job, or other possible rewards.

In the spaces below, try to think of some experiments you could try to test out your anxiety-provoking thoughts. In the first column, write down your anxiety-provoking thought. In the second column, design a small experiment to test whether it is true.

Anxiety-Provoking Thought	Behavioral Experiment

You can view an example of a behavioral experiment here: https://www.youtube.com/watch?v=ExNs8o8A4fI. Behavioral experiments are perhaps the most powerful of the cognitive strategies because they involve learning through firsthand experience that your predictions don't actually come true. Chapters 7 and 8 discuss strategies for using exposure to confront the situations and feelings that you fear. In fact, you can think of exposure to feared situations as a type of behavioral experiment. By repeatedly exposing yourself to situations that make you anxious, you will learn that your fears often don't materialize.

Noticing Your Strengths

If you tend to focus on small mistakes and perceived flaws in your personality or appearance, you will likely continue to feel anxious. For example, if you assume that everyone is judging you based on whether your hands shake, you are more likely to be nervous when your hands are shaking. Similarly, if you assume that everyone else is criticizing you based on ten seconds during your presentation when you lost your train of thought, you will probably continue to be nervous when giving presentations. Although it is true that we all judge and criticize other people from time to time, it is unlikely that people notice and judge the specific behaviors that you assume they do.

People's judgments of others are based on many different dimensions, including appearance (for example, height, weight, hair color and style, facial features, clothing, shoes, and so on), intelligence (for instance, verbal abilities, problem-solving skills, knowledge of trivia, and so on), competence (such as abilities to do one's job well, computer skills, ability to fix things around the house), work habits (for example, the tendency to arrive on time, work hard, and not take overly long breaks), athletic abilities (such as the ability to play tennis, fitness level,

strength), creativity (for instance, musical or artistic ability), health habits (such as diet, exercise, smoking, drinking), health status (the presence of medical problems), social status (type of home, income level, type of job), mood (happy, excited, sad, angry, fearful), and personality (generosity, empathy, confidence, politeness, arrogance), to name just a few.

Most of us are far above average on some dimensions, far below average on others, and well within the average range for most. The extent to which a person criticizes you about a particular dimension probably depends on whether that person believes that particular domain is important. Although some people may criticize you for appearing nervous, it's likely that most people couldn't care less. In fact, there are many aspects of us that people simply don't notice. Need proof? Check out this video (under two minutes): https://www.youtube.com/watch ?v=FWSxSQsspiQ. (If you have trouble finding it, you can search for "The Door Study" on YouTube.) This video is one of the best demonstrations we know of showing that people don't pay nearly as much attention to one another as you might think!

If you assume that others only focus on those dimensions for which you judge yourself to be inferior, you will continue to feel anxious and fearful around other people. Because your natural tendency may be to focus on those areas for which you feel you don't measure up, it may take practice to recognize dimensions in which you excel or are similar to most other people. As a start, it may be helpful to list some of your strengths below.

Taking the Perspective of Others

One powerful method for challenging the overly harsh standards that you may hold for yourself is to try to see anxiety-provoking situations through another person's perspective. What if the tables were turned, and a close friend came to you for advice and support after giving a presentation? What if your friend expressed many of the same thoughts that you experience when you are in a feared social or performance situation? What might you say?

For example, what if your friend said to you, "I totally blew my presentation. My voice was trembling, and at one point I even lost my train of thought. I'm sure I looked like a complete idiot." How would you respond to your friend if you were trying to be supportive *and* honest? You might say something like "You probably did better than you think. Even if you did look anxious, people probably didn't care." Or, perhaps you would say something like "I also feel very anxious during presentations. It feels very uncomfortable in the moment, but eventually it passes."

It is often much easier to challenge someone else's anxiety-provoking thoughts than it is to challenge your own. Therefore, we suggest that you try coping with your own negative thinking by mentally "stepping out" of the situation for a moment. Imagine that it is someone else (perhaps a close friend or family member) who is experiencing the anxiety. What might you tell this person? Taking the perspective of a close friend may help you to challenge your own thoughts.

Another helpful method for shifting perspectives is to imagine how you might judge someone else who exhibits the same anxiety-related behaviors that you do. For example, if you are worried that others might criticize you if your voice become shaky, you might ask yourself, "Am I critical of other people when I notice their voice shaking?" You most likely would not assume others to be incompetent, stupid, or weak just because they seem a bit shy or anxious in a social situation. Well, the same is true of other people. It is unlikely that they will make such harsh judgments of you, even if they do notice that you're anxious.

A third strategy for shifting perspectives is to ask yourself how someone who isn't anxious might interpret the situation you fear. For example, if you believe that it's important to avoid parties if there is any risk of looking anxious, you can ask yourself how someone who isn't anxious might view the situation. You can even imagine how a particular person (for example, a friend, relative, spouse, or therapist) might view the situation.

To summarize, shifting perspectives involves asking yourself three types of questions:

- What might I say to a close friend or relative who is having the same thought as me?

- How might I view someone else who is exhibiting the same behavior (shaking, sweating, making a mistake, and so on) as me?

- How might someone without an anxiety problem view this situation?

Examining the Costs and Benefits of Your Thoughts and Predictions

As we have discussed throughout this chapter, anxiety-provoking thoughts and predictions about social and performance situations are often exaggerated, biased (due to selective attention and memory), or even flat-out false. Sometimes our thoughts may be accurate and still be unhelpful. Finally, for some anxiety-provoking thoughts, we never get to find out whether they are accurate. (For example, we, the authors, will probably never know whether you like this book!) So, in addition to establishing whether your thoughts are true, it's useful to consider whether your thoughts and behaviors are helping you. If they are helpful, then they may be worth holding on to. If not, it may be time to let them go.

Almost everyone wants to make a good impression, and probably no one would purposely choose to be thought of as incompetent, stupid, boring, or weak. In fact, many of the

anxiety-provoking beliefs held by individuals with excessive social anxiety are similar in content to those held by people who don't have problems with social anxiety. Beliefs such as *It is important to be liked by other people* and *It is important to make a positive impression* are often helpful beliefs that most of us develop early in life. Making a good impression helps us to develop friendships, get promoted at work, and impress our teachers. In fact, many rewards in life depend on being able to influence others in a positive way.

However, excessive social anxiety is usually associated with a tendency to be overly concerned with the opinions of others—so much so that the tendency interferes with your life and may actually lead to others having a more negative impression of you, particularly if you avoid important social events. The problem with the beliefs and thoughts associated with social anxiety is not necessarily that they are untrue (although sometimes they are), but rather that they are held in an exaggerated and inflexible way. For example, if the belief *I should make a good impression on others* motivates you to do a good job at work, that's great. If the same belief makes you feel paralyzed and unable to get any work done, that's a problem.

Besides establishing the accuracy of your anxiety-provoking thoughts and predictions, it may also be helpful to consider whether your thoughts and behaviors help you. Below, we've provided space for you to use for this exercise. If you are unsure about whether a particular anxiety-provoking thought is true or false, try examining the costs and benefits of constantly dwelling on it. How would the quality of your life improve if you didn't have the thought?

Describe Your Anxiety-Provoking Thought or Prediction

_____

_____

List the Benefits of Having That Thought or Prediction

_____

_____

_____

List the Costs of Having That Thought or Prediction

_____

_____

_____

Rational Coping Statements

At the height of your fear, it may be difficult to challenge your thoughts using some of the techniques described in this chapter. You may find that your attention is completely focused on trying to get through the situation, and it may seem impossible to think logically. Rational coping statements are relatively easy to use and don't require the same level of logical analysis that other techniques do, such as examining the evidence and evaluating the costs and benefits of your anxiety-provoking thoughts. Rational coping statements, such as the following, are short sentences that may help you combat negative thinking:

- It would be manageable if _____ didn't like me.

- It's okay to blush in front of others.

- Panic attacks are uncomfortable but not dangerous.

- It is okay to look anxious during a presentation.

- People don't seem to notice my shaky hands.

You may find it helpful to write several coping statements on an index card, which you keep handy, or store them on your smartphone. Then, when you are in an anxiety-provoking situation, or if you need to combat anxiety-provoking thoughts, you can access your list easily.

Remember, the goal of cognitive therapy is realistic and flexible thinking—not positive thinking. So, coping statements like "Everyone will like me" or "I'm not going to get anxious" are unlikely to be helpful. "It's impossible to be liked by everyone, so it's okay if some people don't like me" and "I may get anxious, but that won't be the end of the world" are more believable statements. You can use the techniques described in this chapter to generate coping statements. For example, use a rational conclusion that you came up with by examining the evidence. Below, record five rational coping statements that are relevant to your own beliefs.

1. _____

2. _____

3. _____

4. _____

5. _____

Social Anxiety Thought Record

Throughout this chapter, we included various forms and diaries for you to use with challenging anxiety-provoking thoughts. In this section, we describe how to use the more general Social Anxiety Thought Record, for which we included blank and completed versions. (This and other blank forms can be downloaded at http://www.newharbinger.com/33407.) You can use this form whenever you experience anxiety in a social situation. Unlike the other forms in this chapter, which are each designed for use with a particular technique (examining the evidence, overcoming catastrophic thinking, and so on), the Social Anxiety Thought Record is designed to be used with most cognitive strategies.

It really doesn't matter which form you use to record and change your thoughts. You can use the forms provided in this chapter, or you can design your own. The forms we provide are only suggestions. The main point of using them is to get yourself in the habit of paying attention to your thoughts and actively trying to challenge them. Once the new patterns of thinking become second nature, it will no longer be necessary to record your thoughts on paper. In the meantime, we recommend that you use some type of form each time you encounter a feared social or performance situation, at least twice a week. It's best to complete the forms either before entering the situation (as a way of preparing for the encounter) or immediately afterward (as a way of challenging any negative thoughts that occurred while you were in the situation). Below are the instructions for completing the Social Anxiety Thought Record.

Column 1: Day and Time

Record the date and time.

Column 2: Situation

Describe the situation that triggered your fear. Typical examples include the following:

- I gave a presentation.

- I went to a meeting.

- A person watched me on the subway.

- I ate lunch with a coworker.

- I was blushing.

- My hands shook in front of my boss.

- I went to a party.

- I had to do an oral book report for class.

- I was introduced to my sister's new boyfriend.

- I went on a blind date.

- Someone tweeted a negative comment about me.

Column 3: Anxiety-Provoking Thoughts and Predictions

List any anxiety-provoking thoughts that occurred in response to the situation reported in column 2. Usually these thoughts will be predictions of danger, embarrassment, and so on, and often they will happen automatically or almost unconsciously. It will take practice to identify them. Try to come up with very specific thoughts. A thought such as "Something bad will happen" is too vague. Try to be specific, as the following thoughts are:

- People will notice my blushing and think I am strange.

- People will notice that I am nervous.

- I will make a fool of myself.

- People will think I am stupid.

- People will see me for the idiot I really am.

- People will think I'm ugly.

- I will be bullied if I come across as different.

- I will have to leave the situation.

- I am incompetent and clumsy.

- I will be criticized on Facebook.

- I need an alcoholic drink to feel comfortable.

- People can always tell how I am feeling.

- Anxiety is a sign of weakness.

- I'll be viewed as boring.

- People will not like me.

- I will have nothing to say.

Column 4: Anxiety Before (0–100)

Using a scale of 0 to 100 (0 = no anxiety and 100 = extreme anxiety), rate your anxiety level before countering your anxiety-provoking thoughts.

Column 5: Alternative Thoughts and Predictions

Record alternative thoughts and predictions. For example, if you believe that people will think you are strange if you blush, alternative predictions might include (1) nobody will notice my blushing, (2) people who notice my blushing will think I am hot or not feeling well, and (3) people who notice my blushing will think nothing of it.

Column 6: Evidence and Realistic Conclusions

Consider the evidence for your anxiety-provoking thoughts as well as your alternative thoughts. For example, if you fear blushing, you might record the observations that most people don't mention that they notice your blushing, and that even when people do notice it they still seem to enjoy your company and they still treat you well. In this column, you should also record a realistic conclusion based on the evidence. For example, you might record, "Many people don't seem to notice my blushing, and even when someone does notice it, there are no real consequences other than my temporary embarrassment."

Column 7: Anxiety After (0–100)

Using a scale of 0 to 100 (0 = no anxiety and 100 = extreme anxiety), rate your anxiety level after countering your anxiety-provoking thoughts.

Social Anxiety Thought Record—Completed Example

Day and Time	Situation	Anxiety-Provoking Thoughts and Predictions	Anxiety Before (0–100)	Alternative Thoughts and Predictions	Evidence and Realistic Conclusions	Anxiety After (0–100)
April 3, 2:00 p.m.	Meeting at work	I will say something stupid; people will think I'm an idiot.	90	I will say something intelligent, or I will say something that is neither stupid nor intelligent. Some people will think I'm smart, some people may think I am of average intelligence. Whatever I say won't change what my coworkers already think about my intelligence.	My boss asked me to speak at the meeting, so she must think I have something worthwhile to say. Everyone says stupid things from time to time, and there is no reason to think that I shouldn't also say dumb things sometimes. Nothing terrible will happen if I say something stupid. Everyone in the room already knows me. Even if someone thinks I am stupid, it won't be the end of the world.	50
April 5, 7:00 p.m.	Eating dinner with a friend, my hands are shaking	My shaking hands will be noticeable. My friend will think that I am nervous and will see that as a weakness	70	Maybe my friend won't notice my hands shaking. Even if he notices, he may not think it is due to anxiety. Even if he thinks it is due to anxiety, he may not see it as a weakness.	I have known my friend for years. He knows that I get nervous sometimes, and he still wants to spend time with me. He gets nervous in situations that don't bother me (he is afraid of flying). I have the right to have shaky hands sometimes!	45

| April 7, 3:00 p.m. | Returning an item to a store | The cashier will think I'm stupid for buying this item in the first place. I won't be clear when I try to explain what I want to do. The cashier won't let me return the item, and I won't know how to respond. | 70 | The cashier will not think I am stupid. I will be able to explain what I want to do. The cashier will allow me to return the item. Even if I am anxious, I will be able to cope with this situation. | I have returned items to stores before, and it always seems to work out. Chances are that it will work out this time too. Returns are allowed within thirty days, so I have the right to return this item. Even if I seem nervous, the cashier doesn't have the right to turn down my request. If I can't think of the right words, I can just take my time until the words come to me. | 20 |

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Social Anxiety Thought Record

Day and Time	Situation	Anxiety-Provoking Thoughts and Predictions	Anxiety Before (0–100)	Alternative Thoughts and Predictions	Evidence and Realistic Conclusions	Anxiety After (0–100)

Integrating Cognitive Strategies into Your Treatment Plan

The cognitive techniques described in this chapter are not meant to be used on their own. Rather, they should be used as part of a comprehensive treatment plan that includes exposure to feared situations. We discuss exposure-based treatments in chapters 7 and 8. We recommend that you first practice the cognitive techniques for a few weeks before formally beginning exposure practices. Learning to manage your anxiety by changing your thinking will help you when confronting situations that you fear. In addition to exposure and cognitive therapy, your treatment may also include medication (see chapter 5), mindfulness and acceptance-based strategies (see chapter 9), and social-skills practices (see chapter 10), depending on your own personal needs and preferences.

A Word to Significant Others, Friends, and Family Members

If you are working with a loved one who is trying to overcome social anxiety, you can help this person change anxiety-provoking thoughts into more realistic thoughts by engaging in calm, logical discussions about feared situations. This process should always be done in a supportive way, and you should be careful not to put your loved one down for having anxiety-provoking thoughts (after all, we all have irrational thoughts from time to time). You should also be careful not to tell your loved one what he or she *should* be thinking. Rather, your loved one should draw personal conclusions based on the evidence. Finally, remember that your role is to be supportive—not to nag or pressure your loved one into making changes or to argue about how to interpret anxiety-provoking situations. You and your loved one should discuss what role he or she would like you to have, and how you can best facilitate the process of change.

Troubleshooting

You may find that using cognitive techniques can be challenging. Here are some common problems that may arise, as well as some solutions, suggestions, and words of reassurance.

Problem: I have difficulty identifying my negative thoughts.

Solution: Ask yourself questions such as "What might _____ think about me?" and "What do I think will happen in this situation?" If you are still

unable to identify anxiety-provoking thoughts after trying to answer these questions, try to detect your thoughts while you are actually in the situation you fear. If you are unable to identify specific thoughts and predictions, don't worry. You can still benefit from the exposure-based strategies discussed in chapters 7 and 8.

Problem: I have difficulty believing the alternative, more rational thoughts.

Solution: Sometimes cognitive techniques seem superficial when a person first starts to use them. Over time, alternative thoughts should become more believable. If not, exposure-based strategies (chapters 7 and 8) are among the most powerful methods for changing thoughts that contribute to anxiety, and it's likely they will help. Sometimes, changing thoughts through firsthand experience in a feared situation is more effective than trying to change them by simply trying to think differently.

Problem: When I am in a social situation, I am too anxious to think clearly, so I can't use the cognitive strategies.

Solution: Try using the cognitive strategies before you enter the situation. If this is not practical, try using them after you have been in the situation for a while (your fear should decrease over time) or even after leaving the situation.

Problem: I can't be bothered to complete the monitoring forms. They are confusing, and they take too long to complete.

Solution: There are many different ways to learn the techniques described in this chapter. The forms are designed to make the process easier. However, if they are getting in the way of you using the strategies, try developing a simpler form (for example, you may want to use a two-column form—with one column for recording your anxiety-provoking thoughts and another column for recording alternative thoughts). Alternatively, you can forget about the forms altogether and simply use the techniques in your head.

A Summary Guide to Challenging Thoughts

This chapter includes a large number of suggestions and strategies for identifying and changing your thoughts. Now that you have had a chance to read through the chapter and complete some of the exercises, we encourage you to continue using cognitive techniques to cope with

your social and performance anxiety. Generally, using cognitive strategies will involve the following steps:

1. Identify your anxiety-provoking thoughts, predictions, and interpretations.

2. Examine the validity of your thoughts, predictions, and interpretations using some of the techniques described in this chapter (such as examining the evidence, taking the perspective of others, examining the costs and benefits of your thoughts, conducting behavioral experiments). Are your thoughts, predictions, and interpretations realistic? For example, will others really think _____ about you?

3. Examine the validity of your catastrophic thoughts, predictions, and interpretations by asking, "So what if my thoughts, predictions, or interpretations are true? How could I get through it?" For example, "What if a few people in the audience really think my presentation is awful? How might I cope with that?"

4. Use the Social Anxiety Thought Record to identify and challenge your thoughts on paper.

Preparing to Face Your Fears Through Exposure

Chapter 6 provided a detailed overview of strategies for changing thinking patterns associated with anxiety. In general, these cognitive strategies involve learning to think differently about social and performance situations by (1) broadening the possible range of interpretations and beliefs that you hold for them and (2) considering all the evidence before assuming that a specific thought is true.

This chapter introduces a number of strategies that are useful for changing the behaviors that maintain anxiety-related beliefs and feelings. Essentially, these strategies involve confronting your fears directly by exposing yourself to the situations and feelings that you currently fear and avoid. We start by reviewing the behaviors that contribute to social anxiety and then offer a summary of the strategies you can use to change them. The remainder of the chapter provides more detailed descriptions of the underlying principles of exposure and the best ways to conduct exposure-based therapy.

Chapter 8 builds directly on the content of this chapter by providing more in-depth instructions for exposure to both social situations and feared sensations. The exercises described in chapters 7 and 8 should be used after you have had a chance to practice some of the cognitive methods described in chapter 6. We recommend that you begin by reading chapters 7 and 8 and then practicing the exposure exercises for at least three to five weeks before moving on to the remaining chapters in the book.

Behaviors That Contribute to Social Anxiety

All organisms try to avoid situations that cause fear, pain, or discomfort. *Avoidance* is a method of protecting oneself from possible danger. In the short term, staying away from perceived threats is a very effective way of decreasing or preventing these unwanted feelings. Experience has probably taught you that confronting feared situations causes you to feel uncomfortable

and avoiding or escaping feared situations leads to a sense of relief. However, avoiding the situations, objects, and feelings that make you anxious also almost guarantees that your fear will continue bothering you over the long term. The likelihood of negative outcomes in the social situations you avoid is probably much lower than you think, so avoidance can actually do more harm than good, particularly in the long term.

By avoiding situations that make you uncomfortable, it may seem as though you prevent your feared negative consequences from occurring. Just as people who fear flying may believe that avoiding a flight protects them from experiencing a possible plane crash, you may believe that avoiding social or performance situations protects you from experiencing various social catastrophes, such as being humiliated or criticized by others. Of course, statistically, the risk of dying in a plane crash is close to zero (about one in ten million, according to some sources). In other words, the risk of being in a plane crash is almost identical (close to zero) whether you fly or not! The same may be said of public speaking, attending parties, and other social situations. The risk of danger is significantly less than socially anxious individuals usually assume. In fact, the long-term consequences of avoiding social situations are often far greater than the risks of confronting these situations.

Exposure to feared situations and feelings is a very powerful method of learning that will teach you that avoidance is neither necessary nor helpful in the long run. By confronting your fears, you will discover that many of your anxiety-provoking beliefs and interpretations are untrue or exaggerated. In addition, your interpersonal skills will improve, as you will have more opportunities to practice various types of social interaction and performance. In other words, not only will you become more comfortable making small talk, giving speeches, or dealing with conflict situations, you will also become more effective and competent at mastering these challenging situations.

There are three main types of anxiety-related behaviors: (1) avoidance of feared social and performance situations, (2) avoidance of feared sensations and feelings, and (3) safety behaviors. Each is a potentially harmful habit because it prevents you from decreasing your fear over the long term.

Avoidance of Social and Performance Situations

Avoiding social and performance situations, such as public speaking, making conversations, attending meetings, dating, and working out at the gym, prevents you from learning that these situations are safe and that your fears are generally unwarranted. Escaping early from a feared situation (for instance, leaving a party after a few minutes) can also have a negative impact on your fear; doing so reinforces your experience that being in the situation makes you uncomfortable, and leaving the situation provides relief and a reduction in fear. In reality, staying in a situation despite the fear it arouses usually leads to a reduction in fear. It may take longer for your fear to decrease when you stay in the situation, but the long-term benefits will

be greater. By staying until your fear decreases, you will learn that you can be right in the middle of the situation and feel relatively comfortable.

Avoidance of Feared Sensations and Feelings

In addition to avoiding certain situations, you may also avoid feeling certain sensations or feelings, particularly in social situations. Perhaps you avoid eating hot foods that cause you to feel flushed when you're dining with friends or relatives. Alternatively, you may avoid wearing warm clothes while speaking in public, in case they cause you to sweat. Avoiding sensations, such as sweating and blushing, reinforces your beliefs that they are dangerous. If you fear experiencing particular sensations and feelings in the presence of others, it's likely that exposing yourself to them will help you become more comfortable with them. The goal is for sensations, such as shaking or a racing heartbeat, to be, at worst, mildly uncomfortable but not frightening. The general principles we discuss throughout this chapter are relevant to overcoming your fear of physical sensations and feelings. We thoroughly discuss specific exercises for overcoming these fears in chapter 8.

Safety Behaviors

Safety behaviors are strategies that people use to cope with anxiety-provoking situations. Although avoiding feared situations is technically a safety behavior, we use the term to refer to the more subtle strategies people use to decrease anxiety or prevent harm. Unlike completely avoiding a feared situation, a safety behavior involves more subtle avoidance, or partially avoiding a situation. Often these behaviors are not noticeable to others. In fact, they may be so subtle that even you aren't aware you're using them. As with more obvious types of avoidance, learning to let go of these subtle forms of avoidance will help you to overcome your fear. Just as removing training wheels is an important step in learning to ride a bicycle, and letting go of crutches is an important step in relearning to walk after an injury, reducing the use of safety behaviors is important for reducing anxiety over the long term.

Note that it is not necessary to let go of all safety behaviors at once. In some cases, it may be helpful to use them early in your exposure therapy program. However, we recommend gradually reducing their use over time as you increase the intensity of your practices. We discuss some safety behaviors below.

Distraction. *Distraction* is a way to escape anxiety-provoking thoughts and feelings by focusing on thoughts or images that are more pleasant, or by keeping yourself busy with distracting activities. For example, while attending a party, you might offer to help serve food or drinks so you're constantly busy with some activity and your mind is distracted from the anxiety you might otherwise be experiencing. Or, while in a public place, you might always wear

headphones to distract yourself from the anxiety you feel from having others watch or judge you. Such distractions may help you feel comfortable in social or performance situations, but in the long term they prevent you from learning that you can manage the situation without relying on safety behaviors.

Overprotective behaviors. *Overprotective behaviors* are small things people do to feel safer in feared situations. Examples include the following:

- Wearing extra makeup or a turtleneck sweater to hide blushing

- Staring at a smartphone to avoid making eye contact with others

- Finding out who else will be at a party before deciding whether to attend

- Wearing gloves to hide shaking hands

- Sitting down or leaning against a podium while giving a presentation

- Eating in a dimly lit restaurant so your date won't notice your anxiety

- Wearing sunglasses to avoid making eye contact

- Always attending social events with a friend so you can avoid talking to people you don't know well

When designing exposure practices, it is important that you also try to eliminate these subtle safety behaviors.

Overcompensating for perceived deficits. *Overcompensating* involves working extrahard to make sure your anxiety-related predictions don't come true. For example, if you're afraid of looking foolish during a presentation, you may spend days rehearsing and memorizing what you will say. If you're fearful of making small talk, you may spend hours preparing topics of conversation and rehearsing. If you're afraid of looking unattractive, you may put too much effort into fixing your hair, choosing your clothes, or building your muscles at the gym. In many cases, you can manage these situations with less effort, leaving time and energy for other things. Exposure practices should be designed to eliminate tendencies to overprepare or over-compensate for perceived flaws. For example, instead of spending hours memorizing a presentation, try giving your talk with only minimal (but still adequate) preparation.

Excessive checking and reassurance seeking. *Excessive checking* involves expending too much effort trying to find out whether others see you in a positive light. *Reassurance seeking* is a type of checking that involves asking others for confirmation about performance or appearance. We all engage in occasional checking (for example, looking in the mirror at a party, asking a coworker whether she enjoyed your presentation). In fact, we recommend that you occasionally check in with others to gauge their reactions to you and your actions. Checking

and receiving reassurance are helpful ways of testing out your beliefs. However, the key is moderation.

Occasional checking is helpful, but constant checking can be a problem. Constantly seeking reassurance about your performance is like asking your doctor about every unusual sensation. Never going to the doctor may lead to serious health problems that could have been prevented, but going to the doctor several times a week to check out every ache and pain can backfire; your doctor may stop taking your concerns and complaints seriously (or suggest that you get help for your health anxiety). Constant requests for reassurance about social performance can also backfire, causing the exact outcome you want to avoid—namely, people may respond negatively. More importantly, reassurance seeking (like other safety behaviors) helps to maintain anxiety over time by preventing you from challenging underlying beliefs.

Substance use. Substance use can undermine the effects of exposure by artificially lowering your level of anxiety in social and performance situations. For exposure to be effective, it's important for you to experience some degree of discomfort. Drinking alcohol or using drugs whenever you are in a situation that makes you anxious will prevent you from ever learning that your anxiety can decrease naturally, without drugs or alcohol. We recommend abstaining from alcohol and drugs during exposure practice. If you want to have a glass of wine or a beer at a party, wait until after your fear has decreased somewhat.

A Step-by-Step Guide to Using Exposure-Based Strategies

The main steps involved in any exposure-based treatment program are initial assessment, planning appropriate practices, carrying out the practices, and taking steps to maintain improvements over the long term.

Initial Assessment

To plan effective exposure practices, you will need to know (1) the situations that you fear and avoid and (2) the variables that affect your fear level. In chapter 3, you conducted a self-assessment to identify these situations and variables. You should review the relevant sections of that chapter before beginning exposure practices.

Planning Appropriate Practices

Planning exposure practices starts with developing a *situational exposure hierarchy*, a list of feared situations ranked in order of difficulty, from least fear provoking at the bottom to most

fear provoking at the top. A situational exposure hierarchy provides a structure that allows you to begin with easier practices and work your way up to more difficult ones. Chapter 8 provides examples of hierarchies and includes instructions for developing your own hierarchy for situational exposure.

Carrying Out the Practices

Once you've identified some practices that are likely to be helpful, the next step is to begin carrying them out. Generally, exposure begins with more manageable situations and works up to more and more difficult ones. As confronting feared situations becomes easier, you should begin to let go of the safety behaviors discussed earlier. Later, after practicing situational exposure for several weeks (as described in chapter 8), it may be useful to add exposure to feared feelings and sensations (for example, wearing warm clothes to deliberately trigger sweating while giving a presentation) to your practices.

Exposure practices should be structured, planned in advance, and carried out frequently. The ways exposure practices are carried out affect whether the practices are helpful or not. When done improperly, exposure can actually increase your fear. Forthcoming sections of this chapter suggest ways to conduct exposure that will maximize their ability to decrease your fear.

Maintaining Your Improvements

In order to maintain improvements, it's important that you continue occasional practices even after your fear has decreased. We explore these strategies in greater detail in chapter 11.

Types of Exposure

This section discusses five different types of exposure: (1) situational exposure, (2) situational role-plays, (3) imagined exposure, (4) symptom exposure, and (5) virtual reality exposure.

Situational Exposure

Situational exposure (also called in vivo exposure) involves exposing oneself to the places and situations that produce anxiety, in real life. Overcoming social and performance anxiety almost always includes situational exposure as a component. In other words, to become more comfortable with public speaking, meeting strangers, or having lunch with coworkers, you will need to practice these activities. Chapter 8 provides many examples of how you can use situational exposure to improve your anxiety in social and performance situations.

Situational Role-Plays

Situational role-play involves rehearsing, with the help of a friend, family member, or therapist, being in a particular situation. For example, before exposing yourself to a real job interview, you could practice mock interviews with others posing as the interviewers. Or, you could ask family members or friends to act as the audience while you practice a presentation. Role-plays are a helpful tool, especially when practicing in the actual situation is impractical or too frightening.

Imagined Exposure

If you are too fearful to enter a situation in real life, you can use imagined exposure as a stepping-stone to the real situation. For example, if you are planning to ask someone out on a date, you might consider using imagined exposure first. Once you have become more comfortable imagining the situation, trying the real thing might be easier. Also, imagined exposure—practicing in your mind's eye—can be helpful when the situation is impractical or impossible to practice in real life. For example, if you must give a presentation to a group of two hundred people, practicing in front of a large group may be impractical.

Imagined exposure can take different forms. For example, it may involve describing a feared situation aloud (repeatedly, for about twenty to thirty minutes), writing out a detailed description of the feared situation and then reading it over and over, or listening repeatedly to an audio recording of the situation. Regardless of which method you use, we encourage you to imagine the feared scene using all your senses. For example, if your practice involves imagining giving a presentation, make sure the description includes what you see around you (Does the audience look bored?), what you hear (Are people talking during your presentation?), what you feel (Does the room feel warm? Is your heart racing?), and so on.

Preliminary research supports the use of a new approach called imagery rescripting (IR), aimed at reducing the impact of negative childhood memories involving social rejection (Frets, Kevenaar, and van der Heiden 2014; Reimer and Moscovitch 2015; Wild and Clark 2011). Although IR has been used in different ways, the best-studied method for social anxiety (Wild and Clark 2011) involves three stages. In stage 1, individuals imagine the traumatic memory from the perspective of their childhood age when it happened. In stage 2, individuals imagine the scene from the perspective of their current age. Finally, in stage 3, individuals imagine the scene again from the perspective of their child self, while intervening as their adult self to offer the child support, compassion, and an adult perspective. Each practice lasts about forty-five minutes and includes all three stages. In addition, the therapist teaches cognitive strategies before introducing IR strategies. The limited research on IR has been based on therapist-assisted exposure, and IR has not been studied as a self-help treatment. Although it's too early

to say for sure whether IR is an effective treatment for social anxiety (or whether it adds anything to more established strategies), the early evidence is promising.

One last point. When possible, we recommend that all socially anxious people use situational exposure and not just imagined exposure. Although both can lead to a reduction of fear, live situational exposure has two big advantages. First, some people have difficulty imagining feared situations in a way that actually arouses their fear; and second, there is evidence that live situational exposure more effectively reduces fear (Emmelkamp and Wessels 1975).

Symptom Exposure

Some people with social and performance anxiety may benefit from exposing themselves to feared physical sensations, or symptoms. This form of exposure, also called interoceptive exposure, involves triggering particular physical sensations (for example, wearing warm clothing to induce sweating, running up and down the stairs to make your heart race). If you're not afraid of the physical sensations you experience when you're anxious, there is no need to try symptom exposure. However, if you are frightened by sweating, shaking, blushing, racing heart, or other sensations, you may find this practice helpful. In the treatment of social anxiety, symptom exposure is usually combined with situational exposure, such that the feared physical sensations are purposefully brought on during the course of the situational exposure. Chapter 8 provides more details on the use of symptom exposure.

Virtual Reality Exposure

Virtual reality (VR) exposure uses three-dimensional computer-generated images to expose people to feared situations. So far it has been studied for fears of flying, heights, and a variety of other situations (Meyerbröker 2014), though there is a need for additional well-designed studies (McCann et al. 2014). Fear of public speaking is the social anxiety area with the most research (for example, P. L. Anderson et al. 2013; Bouchard et al. 2017). In VR, a client wears a head-mounted display with a screen showing a feared situation; in addition, sound is provided through headphones. The head-mounted display includes a motion detector to tell where the person is looking, so that the image changes as the person's head moves. This provides the experience of being immersed in a three-dimensional environment. For example, if the image was related to public speaking, the client would see the audience while looking straight ahead. If she looked up, she would see the ceiling. If she turned around, she would see her slides projected on a virtual screen.

VR for social anxiety is not widely available as a self-help treatment. However, centers around the world offer VR treatments administered by experienced VR therapists. A good place to get more information is Virtually Better (http://www.virtuallybetter.com), a company

that sells VR software to therapists. Also, visit https://www.youtube.com/watch?v=YIJl5KChU8s to see a video demonstrating a virtual reality exposure session for fear of public speaking, and http://www.virtuallybetter.com/portfolio/fear-of-public-speaking to see a video of a virtual public speaking environment. As VR becomes more widely available, we expect to see innovations in the use of this technology for treating social anxiety and other anxiety-related problems.

How Exposure Works

Many cognitive behavioral researchers and therapists believe that exposure works by providing individuals an opportunity to test the validity of their fearful thoughts, assumptions, and interpretations. In chapter 6, we discussed the use of behavioral experiments for challenging anxiety-provoking beliefs and predictions. Repeated exposure may be thought of as a behavioral experiment. By entering feared situations and exposing yourself to feared sensations repeatedly, you will discover whether your beliefs about social and performance situations are true or false.

Why Exposure May Not Have Worked in the Past

People who are about to begin exposure-based treatments often wonder why they should expect exposure to work now if it hasn't worked in the past. In all likelihood, you've already been exposed to anxiety-provoking social situations from time to time, and, in many cases, your fear has probably not decreased. In fact, your anxiety may have increased with repeated exposures. Given such previous experiences, you may be skeptical about whether simply exposing yourself again to feared social situations will decrease your fear.

It's important to acknowledge that exposure is not effective under all circumstances. For example, unpredictable exposure can lead to an increase in fear, particularly if it involves a negative event or consequence. Imagine that you are afraid of dogs, and a dog unexpectedly runs out from behind a tree and starts growling at you. That kind of exposure would only make your fear worse. On the other hand, if you are gradually exposed to your neighbor's friendly dog, at your own pace, your fear of dogs might decrease.

In everyday life, exposure to feared situations is often unpredictable. In addition, such everyday exposures tend to be brief and infrequent. All these factors make exposure in everyday life less likely to decrease your fear compared to the type of exposure used in cognitive behavioral therapy. The following table summarizes the main differences between the types of exposure you may have experienced in the past (previous exposure) and the types that have been shown to help people overcome fear (therapeutic exposure).

Typical Previous Exposures	Typical Therapeutic Exposures
These are often *unpredictable* and *uncontrollable* (for example, you "end up" in the middle of an unexpected conversation, or you are "forced" to go to a party that you would rather not attend).	These are *predictable* and *under your control* (for example, you make a decision to enter an anxiety-provoking situation, specifically so you can learn to be more comfortable in the situation).
These have a *brief duration* (for example, you get into the situation, feel anxious, then leave, which teaches you that when you are in the situation you feel frightened, but when you leave you feel better).	These are *prolonged* (for example, you decide to stay in a situation until the anxiety lowers on its own or you learn that your feared consequence doesn't occur, which teaches you that you can be in the situation, nothing bad happens, and your anxiety eventually subsides).
These are *infrequent* (for example, because you usually avoid situations when you are anxious, you are not in feared situations very often, so it's like starting over each time you are in such a situation).	These are *frequent* (for example, you practice exposures over and over again and close together, such that the benefits of the exposures start to add up).
These usually involve *anxiety-related thinking* (for example, *People think I'm an idiot, People will think I'm incompetent if they notice my shaky hands*, and so on).	These include *countering your anxiety-related thoughts* (for example, you ask yourself questions to counter or challenge your beliefs and predictions).
These include *subtle ways of avoiding* the situation (for example, by distracting yourself, using alcohol, bringing someone with you, sitting in a certain "safe" location).	These *do not include subtle avoidance strategies* (for example, you make a decision to not use these strategies, so you teach yourself to master the situation on your own).

Adapted from Antony, M. M., and R. P. Swinson. 2000. *Phobic Disorders and Panic in Adults: A Guide to Assessment and Treatment.* Washington, DC: American Psychological Association. Used with permission.

Obstacles to Completing Exposure Practices

There are many different reasons why people don't always follow through with exposure practices. We suggest that you anticipate possible obstacles and try to think of ways to overcome them. There are always going to be reasons not to practice. To combat the excuses you will undoubtedly come up with, you will need to remind yourself of your reasons to continue to practice despite lack of desire, lack of time, or being overwhelmed with the idea of confronting situations that make you anxious and uncomfortable. The following list offers some of the most common reasons why people procrastinate when it comes to exposure practices, as well as possible solutions.

Obstacle: My practices are never planned in enough detail, so I am not sure exactly what I am supposed to do.

Solutions: At the beginning of each week, plan your exposure practices for the entire week. You should know exactly what you're going to do, where you are going to do it, and when you're going to practice (dates and times).

Obstacle: Although I have good intentions, my plans never seem to work out. For example, when I plan to have lunch with a friend, I often find that my friend isn't available when I call.

Solutions: Make sure you make plans early. Leaving things for the last minute will make it much more likely that your plans won't work out.

Be sure to have a backup plan. For example, if you're planning to have lunch with a coworker, make sure you have an alternate second plan and, sometimes, even a third plan, just in case your friend isn't available for lunch.

Obstacle: I always forget to practice.

Solutions: Plan your practices the way you would any other activity. Set aside blocks of time to practice, and, so you don't forget, record them in your calendar just as you would any other appointments.

Set an alarm (for example, on your smartphone) as a reminder to practice.

Ask other people to remind you.

Obstacle: The idea of doing therapeutic exposure work seems overwhelming. I am just too scared.

Solutions: Start with an easier practice. The activity you choose should be challenging but not overwhelming. If a particular task seems impossible, start with a task that seems more manageable.

Use the cognitive strategies discussed in chapter 6 to challenge your anxiety-related thoughts before entering a feared situation.

Obstacle: I'm too busy. There never seems to be enough time to do the work.

Solutions: Set aside small blocks of time to be used exclusively for social anxiety exposure practices. If time is reserved just for this purpose, you are less likely to feel as if your practices are getting in the way of other important activities. If you really want to deal with your social anxiety, you know you can find the small blocks of time to reserve for the practices. Think of practice times the same way you might think about taking a class. You may not always want to go to class, but if you want to master the material of the class, you find the time to go.

Choose practices that you can complete during the course of your regular routine. For example, you need to eat every day—so you might as well eat some of your meals with other people instead of always eating alone.

Set aside a large block of time (for example, book a weeklong vacation from work), and use it to practice exposure full time.

Obstacle: I am not convinced that exposure practices will be helpful.

Solutions: Begin with exposure practices in which you have little to lose but still test whether exposure to the situation will lead to a decrease in fear over time.

The belief that exposure won't work may be a negative thought that isn't necessarily true. Examine the validity of your beliefs regarding exposure. For example, can you think of reasons why exposure may not have worked in the past? After you finish reading this chapter and the next one, you may have new ideas about how to ensure that exposure will be more likely to work this time.

Obstacle: My feared situations are difficult to create. For example, I can't think of any places to practice public speaking.

Solutions: Chapter 8 contains a large number of possible situations in which to practice exposure, and reading it should help you to generate ideas.

Talk to family members and friends. They may be able to help you come up with some ideas for practices.

How to Conduct Exposure Practices

This section provides suggestions for getting the most out of your exposure practices, including how to prepare for practices, what to keep in mind when planning practices, what to do during practices, and what to do following practices. Some of the most important suggestions are summarized in a checklist at the end of this section.

Preparing for Exposure Practices

It's important to plan exposure practices in advance. As discussed earlier, planning involves making decisions at the beginning of the week about particular practices that you intend to try, as well as coming up with backup practices in case your original plans don't work out. It is very likely that planning will involve setting aside specific times during which to practice. You should also have an idea of how a practice fits in with your short-term and long-term goals. For example, if your long-term goal is to be able to give a presentation to a large group of coworkers, practicing speaking to smaller groups may be an important step in your plan.

Before beginning any practice, we suggest that you make specific predictions about what might happen during the practice. That way, you can use your exposure practices as behavioral experiments to discover whether your predictions are in fact accurate. After each practice, write down whether your expected outcomes occurred, and whether they were as bad as expected.

Importance of Predictability and Control

As we discussed earlier, exposure works better if it is predictable and if you have a sense of control over what's happening in the situation. Therefore, it's best to start with exposure practices for which you have a pretty good idea of what is likely to happen. Some situations, of course, are inherently unpredictable. For example, if you decide to ask another person out on a date, it's impossible to know how the other person will respond. In these cases, you can protect against the effects of unpredictability by considering in advance all the possible outcomes that could occur. For example, the person might accept your invitation, turn it down, or put off responding for the time being (for example, by not returning your call or saying, "I'm not sure, let me get back to you"). The person may be warm or may come across as cold or uninterested. By anticipating as many outcomes as possible (as well as how you might cope with each outcome), you can be prepared for whatever happens.

Duration of Exposure

Longer exposures tend to work better than shorter ones. Ideally, exposures should last long enough for you to learn that your feared outcome doesn't occur. In most cases, you will also notice a reduction in anxiety the longer you stay in the situation. If you are at a party, try to stay for a couple of hours. If you're giving a presentation and have the option of making it longer, take advantage of the opportunity to speak for a longer time. As a rule of thumb, you might plan to stay in the situation until your anxiety decreases to a mild or moderate level. However, even if your anxiety doesn't decrease during a particular practice, it's still likely that exposure will be helpful over time.

If you are practicing being in a situation that is naturally very brief (something like asking a stranger for directions), you can prolong the anxiety-provoking situation by repeating the exposure over and over for a longer period. For example, instead of asking one person for information while walking through a shopping mall ("Where is the food court?"), you can ask twenty or thirty different people for the same information over the course of an hour or more. The chances are good that your anxiety will decrease over time.

Frequency of Exposure

Exposure works better if practices are repeated close together in time. For example, giving a speech once a week is more effective than giving a speech once a month. Daily speeches will decrease your fear more than speeches given once a week, even if the number of practices is the same. In other words, giving a presentation five days in a row will likely lead to a greater decrease in fear than giving a presentation once per week for five consecutive weeks. So, try to schedule practices as frequently as possible. We recommend that you set aside at least an hour to practice exposure on most days. Once your fear has begun to decrease considerably, it is a good idea to gradually spread out the practices to every few weeks or even to every few months, depending on the situation and how often it arises in your day-to-day life. Occasionally doing practices later on will help maintain the improvements you have made in decreasing your fear.

Gradual vs. Rapid Exposure

You can conduct exposure gradually or rapidly. Rapid exposure involves taking steps very quickly, skipping steps, and sometimes trying more difficult situations before you've completely mastered easier situations. For example, for rapid exposure to public speaking, you might start off talking in front of large groups of unfamiliar people instead of small groups of familiar people.

Gradual exposure tends to begin with easier practices and progresses to more difficult practices slowly. Compared to rapid exposure, a person who is using gradual exposure may spend more time practicing each step before moving on to the next level of difficulty. For gradual exposure to public speaking, you might begin by presenting short speeches in front of a close friend or family member, or by asking questions at meetings. After those practice situations become easier, you might try practicing a speech in front of a small group of friends or family members or speaking for longer periods of time during meetings. Then you could progress to practicing your speech in front of several coworkers. With gradual exposure, you might not actually speak in front of large groups of unfamiliar people until you've mastered many earlier steps.

Gradual and rapid exposure are both effective ways of reducing fear, and the end result of each is usually the same. However, each approach has advantages and disadvantages. With rapid exposure, you are likely to see changes more quickly, which will save you time. Also, these quick results may motivate you to work even harder at overcoming your fear, just as seeing quick changes in your fitness level or weight can motivate you to stick to a plan for exercise and healthy eating. However, compared to gradual exposure, rapid exposure is associated with higher levels of discomfort and fear, and tolerating these requires a strong commitment from you.

We recommend that you take the steps in exposure as quickly as you are willing. If you can take them more quickly, you are likely to overcome your anxiety more quickly. If you prefer a more gradual approach, that's fine, too. Sometimes, you may find it difficult to judge whether a particular step is too difficult. Remember, there is no harm in taking steps too quickly. If a practice is overwhelming, you have the option of continuing until it becomes easier or stepping back and trying a less difficult practice, gradually working your way up to the difficult one. Either approach is likely to be helpful, and it's okay to go back and forth between the two approaches, or to choose a pace somewhere in between. The decision is a matter of personal preference and how much discomfort you're willing to tolerate.

Practice in a Variety of Situations

To some extent, practicing exposure in a particular social or performance situation will help you to feel more comfortable in other situations as well. This process is called *generalization*, and research has shown that it is often a result of exposure. For example, if you use exposure to feel comfortable asking questions in class, some of that success may "spread," or generalize, to other situations, making it easier for you to speak up at meetings at work, for instance. However, generalization will not cause success to spread to every situation you fear. Therefore, to get the most out of exposure, it's best to practice in a variety of different contexts, places, and situations, at different times and with different people. For example, if you want to be more comfortable making small talk, we recommend that you practice with

coworkers, family members, and strangers in as many situations as possible, such as on elevators or at parties.

Choose Practices That Are Challenging but Not Impossible

You may feel discouraged if you become anxious or uncomfortable while trying a particular practice. There is no need to feel discouraged. In fact, it is helpful for you to feel some discomfort during exposure practices. That's why you are doing them in the first place. Over time, you will feel less anxious. A successful practice is one that you complete, regardless of how anxious you feel.

On the other hand, it's not necessary to choose practices that are completely terrifying or in which you find it impossible to stay in the situation. If a situation seems too difficult, we encourage you to try something easier—but do practice something.

Choose Practices with Minimal Risk

Choose practices for which the likely consequences are minimal, except for maybe feeling some anxiety for a brief period. For example, if you want to be more comfortable with the possibility of seeming foolish or being the center of attention, there are lots of safe practices that you can try (for example, walking around with your shirt inside out, telling the cashier you've forgotten your wallet when you reach the front of the grocery line). There is no need to take unnecessary risks, such as telling your boss he's a jerk or yelling out an offensive joke at your best friend's wedding. If you're not sure about the realistic risks associated with a particular practice, ask someone whose judgment you trust (perhaps a friend or family member).

Include a Helper

Consider including a friend, coworker, or therapist to help out during exposure practices. This individual can help you with role-play practices (for instance, mock job interviews, practicing small talk) and can provide you with feedback. If you choose to include a helper, that person should be familiar with the basic principles of exposure. You should either instruct the person about what the role of helper entails or have the person read the relevant sections of this book. In fact, some combination of both approaches may work best. In addition, the person you choose to work with should be supportive and unlikely to become frustrated if things don't work out as planned. Your helper should not pressure you to do things (supportive encouragement is fine, of course).

Keep Your Expectations Realistic

Don't expect your anxiety to change overnight. It will likely take weeks or months for it to improve to a noticeable level. Also, your improvement may not look like a straight line on a graph. You may find that in some situations your anxiety decreases fairly quickly, whereas in other situations success takes longer. There may even be weeks during which your anxiety is unchanged or even worse than the previous week. A good rule of thumb is to expect one step back for every two or three steps forward.

Don't Fight Your Feelings

For years, you've probably been trying to control your anxiety, to prevent it from occurring, and to get rid of it as soon as possible—no matter what the cost. By now you've probably discovered that trying to control your emotions doesn't work. In fact, attempts to control your anxiety are likely to make it worse rather than better. Fighting your fear is like lying in bed trying hard to fall asleep by a particular time (telling yourself, *I must fall asleep!*). Often, the more you try to sleep, the harder it becomes. In fact, for some people who have trouble sleeping, trying to stay awake is a productive strategy. As soon as they stop *trying* to sleep, they fall asleep quite quickly.

When you can allow yourself to become anxious without fighting the feelings, eventually you will become much more comfortable in social and performance situations. This sounds contradictory, but it really works. Instead of fighting your feelings, just let them happen. Instead of evaluating your experiences (for example, "Sweating in front of others is unacceptable"), accept them. When practicing exposure, observe your responses and experiences without evaluating them. It's likely your fear will pass more quickly if you are not trying so hard to get rid of it. Chapter 9 discusses specific strategies for learning to accept anxiety rather than trying to control it. Remember, the worst thing that can happen from anxiety is that you'll feel uncomfortable for a while. Being anxious is not dangerous, and anxiety always passes.

Eliminate Safety Behaviors

As discussed earlier in this chapter, it is important that you stop using subtle avoidance strategies, or safety behaviors, to feel safer in social and performance situations. For example, if you tend to sit on your hands so people won't notice them shaking, let your hands show. If you avoid talking about yourself when conversing with others, purposely talk about your own interests and opinions. For example, mention a book that you recently read or a movie that you saw, and share your opinions. If it's a best seller or a big hit, and you liked it, try to convey

your enthusiasm to the person with whom you're talking; if you didn't like it, don't hide your opinion. Express yourself and take a chance on engaging in an exciting dialogue.

Eliminating safety behaviors, such as overpreparing for presentations, drinking alcohol at parties, and wearing makeup to hide blushing, will help you to learn that social situations can be managed, even without these behaviors.

Move on to the Next Practice When Ready

Ideally, an exposure practice should not end before your fear has decreased to a mild or moderate level (such as 20 to 40 on a scale of 0 to 100), or until you have learned that your feared outcome doesn't happen. Sometimes, this will take a few minutes; other times, it may take several hours. If possible, stay in the situation until you feel more comfortable. However, even if your fear doesn't decrease within a practice, you are still likely to benefit from the practice over the long term.

In reality, you may not always have control over when an exposure practice ends. For example, if you're practicing eating lunch with coworkers during a half-hour lunch break, you may not have the option of stretching the lunch into two hours just to give your anxiety a chance to decrease. If the situation ends before your anxiety has decreased, practice the same situation again as soon as possible. Repeat the practice until it becomes easier. At that point, you can move on to another practice.

Use Exposure Records and Diaries

To get the most out of your exposure practices, we suggest that you use the diaries and forms provided in chapter 8 to monitor your progress and to measure improvement in your anxiety over time. Evaluating your progress periodically will remind you of how far you have come, and it will also let you know when it is time to move on to new situations.

Label Your Emotions

Recent research suggests that people who periodically label their emotions during exposure practices for fear of public speaking get more benefit from their practices (Niles et al. 2015). The Situational Exposure Monitoring Form (see chapter 8) helps you track your anxiety level during exposure practices, which has the same function as labeling your emotion.

The Aftermath of Exposure: Processing What Happened

Although you may be tired, chances are you will feel relieved and proud after completing an exposure practice. Nevertheless, some people tend to analyze their every move and to criticize their performance (for example, "People surely noticed my anxiety," or "I came across like a bumbling idiot"). As mentioned in chapter 6, we call this postevent processing. If you tend to dwell on what happened during your practice, we suggest that you try to put a more balanced spin on the experience.

Remember that the main reason to practice exposure is to *eventually* feel more comfortable in social and performance situations. However, for now expect to feel uncomfortable during practices. Expect that your performance won't be perfect, and remember that perfection isn't the goal anyway. Rather than dwelling on what happened or didn't happen, use the cognitive strategies from chapter 6 to challenge your negative thinking. Also, try to take away something positive from the experience. Even if things didn't go the way you had hoped they would, you can still use the experience to plan future practices and to generate ideas for what you might do differently the next time.

Finally, we'd like to remind you that sometimes your feared predictions will come true. From time to time, you will be criticized, rejected, or laughed at. It's important to keep negative events such as these in perspective. Nobody is liked by everyone. Everyone is criticized and rejected on occasion. Although rejection feels bad, it's not something to be avoided—in fact, there are benefits of experiencing rejection during exposure practices. First, you can use these experiences to challenge the belief that rejection is intolerable. When rejection occurs, it's time to pull out the decatastrophizing strategies discussed in chapter 6. Rather than dwelling on your performance, ask yourself, "Does this criticism really matter as much as it feels like it does? How can I cope with this going forward?" In addition, you can use criticism from others to improve your performance in the future (we learn much more from our mistakes than we do when everything goes well). Finally, keep rejection in perspective; rejection may say more about the person doing the rejecting than the person on the receiving end (for example, some people tend to be very critical of others).

A Word to Significant Others, Friends, and Family Members

If you are reading this book in order to help a loved one, here are a few suggestions to keep in mind. First, your loved one must be on board with this treatment. Treatment is not something that can be forced on someone who isn't willing to make the necessary changes. In addition, you should avoid the temptation to trick, force, bribe, or coerce a person into doing exposure

practices. In order to get the most out of treatment, it's important that the decision to do exposure comes from the individual.

Your role in exposure therapy is to help brainstorm possible exposure practices, to provide support, to participate in exposure role-plays (for example, a simulated job interview), and to be involved in actual exposure practices when you're asked to do so. For example, if your loved one fears attending parties, he may ask you to attend a party with him. If your loved one fears eating in restaurants, she may ask you to join her for a meal. In advance of any exposure practices, discuss with your loved one what he or she would like you to do in the situation (for example, provide reassurance, provide company, probe for anxiety-provoking thoughts, and so on).

Summary of Exposure Guidelines

This chapter described a long list of guidelines for how to get the most out of your exposure practices. Here's a summary of the most important suggestions:

- Plan practices in advance. Set aside time to practice exposure.

- Exposure practices should be predictable and under your control (particularly early in treatment).

- Exposure should be frequent (almost daily), especially at the start.

- Identify your anxiety-related predictions before starting your practice so you can evaluate whether they are accurate.

- Exposure should be prolonged. Try to stay in the situation until your fear has decreased or you have learned whether your anxiety-related predictions are accurate.

- Use cognitive strategies to challenge anxiety-provoking thoughts during the practice and ruminations about your performance after the practice has ended (or postevent processing).

- Don't fight your anxiety feelings in the situation. Just accept them.

- Eliminate subtle avoidance strategies, such as distraction, alcohol use, and overprotective behaviors.

- Practice in a number of different situations, places, and contexts.

- Choose practices where the actual risk is minimal, especially at first.

- Choose practices that are challenging, but not impossible.

- Complete exposure records (see chapter 8) with each practice.

Troubleshooting

Here are some common problems that may arise when practicing exposures, as well as some solutions, suggestions, and words of reassurance.

Problem: My fear does not decrease during my exposure practices.

Solutions: This happens sometimes. Although anxiety and fear usually decrease during the course of an exposure practice, most people experience some practices in which their anxiety doesn't decrease. Here are some suggestions for dealing with this situation:

- Make sure that you are staying in the situation long enough. Sometimes it can take several hours for fear to diminish.

- Make sure that you are not using safety behaviors. The typical pattern during exposure is for fear to increase and then gradually decrease. Using subtle avoidance strategies, such as distraction, may cause the fear to go up and down repeatedly over the course of the practice because most people are not very good at distracting themselves for long periods.

- Negative thinking can interfere with the effects of exposure. If your fear does not decrease during a particular exposure practice, challenge your thoughts using the techniques described in chapter 6.

- If all else fails, just keep practicing. Sometimes it takes repeated exposure practices before a person's fear begins to decrease.

Problem: My fear returns between exposure practices.

Solutions: This is normal. With more and more practice, your fear will decrease more quickly during practices and will not return as intensely between them. One way of preventing your fear from returning between exposures is to increase the frequency of your practices, particularly early in treatment.

Problem: My physical symptoms (for instance, stuttering, shaking, sweating) are very noticeable.

Solutions: Remember that, despite how it seems to you, chances are good that your symptoms are not as noticeable to others as you think they are. Also, as your anxiety decreases, the intensity of these symptoms will likely decrease. If you are concerned about people noticing your symptoms, use the cognitive techniques from chapter 6 to challenge your thinking. Remember, there are lots of people

who blush, shake, or lose their train of thought and couldn't care less about what other people think. The problem is not that you experience these symptoms, but rather your beliefs about the consequences of experiencing them.

Problem: I am just not good at _____ (making small talk, public speaking, and so on).

Solutions: Your social skills are likely much better than you think they are. As discussed in earlier chapters, people who are socially anxious tend to be overly critical of their social and performance skills. Nevertheless, there may be ways to improve certain skills. It is likely that exposure alone will help to improve your social skills. For example, practicing making small talk will help you learn what works during a casual conversation and what doesn't. In addition, we suggest that you read chapter 10, which includes specific strategies for improving social and communication skills.

Problem: My fear is too high to benefit from exposure.

Solutions: Ideally, you should choose practices that arouse moderate to high levels of fear (for example, a 70 to 80 out of 100), although it is also okay if your fear reaches even higher levels. One method for keeping your fear in check is to use the cognitive strategies from chapter 6 to challenge any thoughts contributing to your high anxiety. At times, however, even using the cognitive techniques won't prevent your fear from becoming very intense. If you find that your fear is overwhelming during an exposure practice, you have three options. First, you can wait a while to see if your fear decreases. Second, you can take a short break and then try the same practice again. Third, you can switch to a less difficult practice. Each of these approaches usually works well. The main point is not to give up completely.

Problem: The situations that I fear are very brief in duration, so there isn't enough time for my fear to decrease.

Solutions: We discussed this issue earlier in the chapter, but it's worth highlighting again. If an exposure practice is brief, try to find creative ways to lengthen the duration. For example, if you are fearful of chatting with the cashier at the front of a supermarket line, try lining up repeatedly over the course of an hour or two and buying only a few items at a time. Compared to paying for all your groceries at once, this approach will give you more opportunities to talk to the cashier.

Problem: I just had something terrible happen during an exposure practice (for example, my boss criticized my presentation). How can I ever try exposure again?

Solutions: Although rare, it is possible that an unexpected negative event will occur during an exposure practice. For example, you could experience a bad panic attack during a job interview, or you may be laughed at during a presentation. If something bad does happen during an exposure practice, it's natural for some of your fear to return. It may be helpful to "rethink" the meaning of the negative event using the cognitive techniques described in chapter 6 (especially strategies for challenging catastrophic thinking). In addition, we recommend that you resume your exposure practices. If necessary, you can return to a previous item in your hierarchy and work your way back to where you were when the unfortunate incident took place.

Problem: I don't avoid the situation, and yet my fear persists.

Solutions: Although exposure usually leads to a decrease in fear, occasionally people report having intense fear in social situations despite not avoiding these situations. For example, a person may eat with others on a regular basis but still get anxious in the situation. If you continue to experience fear, despite never avoiding the feared situation, you may find it difficult to come up with appropriate exposure practices. Here are three strategies to consider. First, if you fear experiencing arousal symptoms while in social situations, try adding symptom exposure practices, as discussed in chapter 8. Second, assess whether you are engaging in safety behaviors, alcohol or drug use, or other strategies that may undermine the effects of the exposure. If so, try to discontinue these behaviors. Third, you should make a special effort to identify and challenge the anxiety-related predictions and beliefs that continue to maintain your fear (see chapter 6).

CHAPTER 8

Confronting Feared Social Situations and Feelings

In chapter 7, we provided an overview of the basic principles underlying exposure-based treatments for social anxiety. In this chapter, we'll present additional information on how to use these strategies to confront fear triggers, including social and performance situations, as well as uncomfortable sensations (for example, blushing, sweating, and shaking). You should be very familiar with the material in chapter 7 before moving on to this chapter. As mentioned earlier, we suggest that you set up each exposure practice as a behavioral experiment, noting your predictions beforehand and using the practice to test out whether they are accurate. Use the cognitive strategies described in chapter 6 to combat anxiety-provoking thoughts that occur during your practices, and to challenge any rumination about your performance after the exposure practices have ended. During your practices, you should refrain from using safety behaviors, such as distraction, drug or alcohol use, or other subtle avoidance behaviors (for example, eating in a dimly lit restaurant so people don't notice your blushing). Finally, a reminder that exposure works best when practices are:

- Frequent (daily, if possible)

- Prolonged (long enough to learn that your predictions don't come true)

- Predictable and under your control

- Designed to challenge anxiety-related predictions

- Conducted without the use of safety behaviors

- Conducted in a variety of different ways (for example, practicing exposure to different social situations, at different times, and in different places)

Exposure to Feared Situations

This section provides suggestions for exposure practices involving different types of social and performance situations, including speaking in public, making small talk, meeting new friends and dating, being in conflict with others, being the center of attention, eating and drinking in public, writing in front of others, interviewing for jobs, being in public places, talking to people in authority, and participating in online activities (such as social media). In addition to the suggestions provided here, there is space in each section for you to record additional ideas for practices that may be relevant to your own social and performance anxiety. This section also suggests a number of ways to make the most of your situational exposure practices by challenging your worst fears.

At first, many of the practices in this section may seem overwhelming. However, as we suggested in chapter 7, you should begin with practices that are challenging *but manageable*. Over time, you will become more comfortable, and it's likely that you will be able to try some of the more difficult practices. Some of these practices may seem very easy to you. If you have no trouble with a particular social or performance situation, there is no need to practice confronting it. Instead, focus on the situations that are anxiety-provoking for you.

Practices Involving Public Speaking

To overcome a fear of speaking in front of others, it is helpful to take advantage of speaking opportunities that come up in your job or during the course of day-to-day life. If public speaking opportunities don't normally arise for you, there are many ways of creating these situations, including those in the following list.

- **Speak up in meetings at work.** For example, share your opinions about issues being discussed. Ask and answer questions. If the opportunity to make a brief presentation arises, take advantage of it.

- **Offer to give a presentation at work or in another situation.** For example, if you belong to a book club or reading group, offer to present a summary of the book that your group is reading. If you have some special expertise, offer to share it with coworkers, colleagues, or friends by giving a formal presentation.

- **Go to a public lecture and ask questions.** Public lectures are often advertised online, in e-mails, in newspapers, on the radio, or on television (for example, on your local cable-access channel). Also, check out advertisements on community bulletin boards or posters at the library, at local colleges, on city streets, at supermarkets, or in other public places.

- **Make an impromptu speech or toast at a wedding, party, group dinner, or other social gathering.** If you are invited to a party or are planning to have one of your own, offer to make a short speech in front of the other guests.

- **Participate in a course at a college, a university, or any school that offers adult education classes.** Try to choose courses that provide the opportunity to give presentations. If these are not available, make a point of asking questions several times during each class. If you are unable to enroll in a course, another option is to simply audit a large class at a local college. Auditing a large class (ideally with permission from the professor) will save you from having to pay registration fees while still providing you with an opportunity to ask questions in public.

- **Join Toastmasters.** Toastmasters is an organization that holds meetings for individuals who are interested in learning to speak more effectively in front of others. There are more than 15,000 clubs in more than 140 countries around the world and more than 340,000 members. Typically, groups meet for one to two hours each week. Annual membership is inexpensive, and members can attend as many meetings as they want, including meetings of different clubs. (For more information, visit http://www.toast masters.org.)

- **Take a public speaking course.** There are numerous companies that offer public speaking courses (especially for businesspeople) of varying price and quality. Some are conducted in person and others online. Courses offered through Dale Carnegie Training (http://www.dalecarnegie.com) and Lynda.com (http://lynda.com) are widely available. Independent companies near you may also offer public speaking courses. Keep in mind that an advantage of in-person (versus online) courses is that they may provide more opportunities for exposure practices.

- **Take a theater, drama, or music class.** Taking such a course will provide you with opportunities to perform in front of others. Check online; classes may be available at local high schools or colleges, professional theater or music schools, the YMCA, or other agencies.

- **Give a lecture at a local elementary school, high school, or college about your work.** Sometimes high schools and colleges hold career days through which students have opportunities to learn about particular jobs or careers. Additionally, schools sometimes invite guests to speak to classes about particular careers or jobs. Call a local high school principal or college career office to find out about possible opportunities. Or, if you have a child in school, you may be able to arrange an opportunity to speak to his or her class about the work you do.

- **Read a passage in front of others.** For some people, reading an article or book passage in front of a few friends or family members may be anxiety provoking. For others, it may be important to try something more challenging, such as reading an introduction for a guest speaker who is about to give a presentation at the workplace.

Can you think of other possible practices that involve public speaking? If so, record them in the space below.

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Practices Involving Small Talk, Casual Conversation, and Informal Socializing

Casual conversation and small talk can take place almost anywhere. The following list provides a few examples of situations where you might have the opportunity to practice these skills. In addition to planning several large practices per week, you should try to engage in several minipractices throughout the day.

- **Have friends over for a get-together.** For example, invite several coworkers over for dinner or to watch a movie or sports event. Or, have a birthday party for a friend or family member. Make sure that you interact with your guests! Don't come up with excuses to avoid them (such as cleaning up, washing the dishes, or serving food and drinks to the exclusion of conversation).

- **Speak to strangers on elevators, while waiting in lines, in stores, at bus stops, or in other public locations.** With repeated practice, making small talk will become easier. Prolonged exposure works best, so try to talk to many different people over the course of an hour or two to get the most benefit. Smile, say hello, and use humor, if appropriate. Although you should be prepared for some people to react negatively (remember, other people may also be shy or uninterested in making small talk), most people will probably react positively.

- **Ask for directions or for the time.** Walk up to a stranger in a mall or store and ask what time it is. Or, ask how to find a particular location. As mentioned earlier, prolonged exposure works best, so try to do this repeatedly over an hour or two, until you learn that your feared predictions don't come true, or until your anxiety decreases.

- **Talk to coworkers or classmates.** Try arriving at school or work a bit early so you will have the opportunity to chat with others. Make a point of saying hello to your coworkers or classmates during breaks. Simple questions, such as "How was your weekend?" are often a great way to get a conversation started.

- **Talk to dog owners walking their dogs.** Dog owners often love to talk about their dogs. If you have a dog, try going for walks in areas where other people walk their pets. Make comments or ask questions about other people's dogs (for example, "Nice dog," or "What kind of dog is that?"). If you return to the same routes frequently, you will likely see the same people over and over again. You may even make new friends.

- **Talk to cashiers, servers, or other staff in stores and restaurants.** For example, comment on the weather, ask for advice ("Does this shirt go with these pants?"), place a special order for a book, or ask for information ("How long has this restaurant been around?").

- **Give or receive compliments.** Offer someone else a compliment. For example, tell a coworker that you like her sweater or new haircut, tell an artist that you like his work, or compliment a server on the quality of your food. If you are uncomfortable receiving compliments, just say "Thank you" when someone praises you. Don't discount the praise by telling the person all the reasons why you don't deserve it.

- **Express a controversial opinion.** If you have a controversial opinion about some issue, express it, particularly in situations where the consequences are likely to be minimal. For example, if you didn't like a movie that someone else is raving about, say what you didn't like about the film. If you disagree with someone else's political views, explain your perspective on the issue. Try not to put down the other person or to discount that person's views when you express your own opinion. Differing views should be expressed in a friendly and supportive way, and you should make an effort to communicate your understanding of the other person's perspective.

- **Join a conversation.** In some circumstances, it is perfectly appropriate to join a conversation. For example, at parties people often walk about, moving in and out of different conversations. See if you can join in with a group of people who are discussing some issue that interests you.

- **Talk to parents of other children.** Just as pet owners enjoy talking to other pet owners, parents usually enjoy talking about their children with other parents. If you have children, get involved in situations where you might have the opportunity to talk to other parents. For example, attend parents' night at your children's school or enroll your children in a class (such as swimming, hockey, gymnastics, crafts, music) with other children. Take advantage of any opportunities to talk to other parents.

- **Meet two or three friends at a café.** Invite several coworkers or friends to meet you after work or school for a coffee, drink, or snack. Alternatively, invite others to join you for lunch.

Can you think of other possible practices that involve informal socializing, casual conversation, or making small talk? If so, record them in the space below.

Practices Involving Meeting New Friends and Dating

Many of the situations listed in the previous section also provide opportunities to meet new people. Similarly, several of the situations listed in this section also provide opportunities for casual conversation. Most new friendships and relationships start with a casual conversation, so it's no surprise that these sections overlap. Also, developing a new relationship often requires repeated encounters. In other words, two people will typically become acquaintances before they become friends. The list below provides examples of practices that involve the possibility of meeting new people, developing new friendships, developing new business relationships, and fostering opportunities for dating. Remember that the main goal of an exposure practice should be to become more comfortable in a given situation. For now, developing new relationships should be a secondary goal. For the purpose of coming up with good exposure practices, focus on the process of reducing your fear rather than whether you develop new friends or relationships.

- **Go to a social event.** For example, attend the office holiday party, a class reunion, a community dance, a local art gallery opening, or a book signing. Situations such as these will provide you with opportunities to meet people, as well as to mingle and make small talk. Be sure to take social risks (for example, talking to other people) in these situations.

- **Talk to your neighbors.** Go for walks in the neighborhood and say hello to your neighbors—particularly those you have not had a chance to meet. If you have a new neighbor, consider asking him or her over for a drink or dessert. Invite some of your other neighbors as well.

- **Join a club, take a class, or join an organization.** For example, join a bowling league, aerobics class, volleyball league, bingo group, self-help group, church group, art class,

or other group. Ideally, the group should meet frequently (for instance, weekly) for you to get the most benefit from attending.

- **Ask friends or colleagues to introduce you to new people.** Take advantage of opportunities to meet new people through friends, coworkers, or other people you know.

- **Invite people you know to socialize.** For example, invite several coworkers or acquaintances for lunch, dinner, a movie, or a concert. Or, invite several coworkers or acquaintances away on a vacation, ski weekend, or conference-related trip.

Can you think of other possible practices that involve meeting new friends, dating, or related situations? If so, record them in the space below.

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Practices Involving Possible Conflict with Others

Practices that may involve conflict should be planned carefully. Unlike the other practices recommended in this chapter, these may cause another person to become irritated or impatient with your behavior. Choose practices in which the risks are minimal. For example, don't conduct practices if the other person seems aggressive, likely to get angry, or is much bigger than you are! If you are unsure of the risks, ask a friend or family member for a second opinion. You may also want to skip ahead to the sections on assertive communication in chapter 10 to prepare yourself for this kind of interaction. It's important that potential conflict situations be dealt with assertively rather than with aggression, which is likely to escalate the other person's anger.

It may seem rude to do things purposefully that will inconvenience others. On the other hand, as you continue to read this section, you will see that most of these practices involve only minor inconvenience to other people, and many involve situations that people often encounter anyway. The substantial gains that you may obtain from these practices are likely to outweigh any inconvenience you create for others. Others have found the following practices useful for becoming more comfortable with conflict situations.

- **Ask someone else to change a behavior.** For example, ask your roommate to wash his dirty dishes rather than leaving them lying around. Or, politely ask another person to stop talking in a movie theater.

- **Stay stopped in your car for a few seconds when the light turns green.** Pretend you are changing the radio station or that you didn't notice the light turn green. The drivers who are backed up behind you may become frustrated and honk their horns. This should be your signal to drive away.

- **Say no when you don't want to do something.** If someone asks you do something that you don't want to do (for example, donate money that you can't afford, purchase an item from a telemarketer, do more than your fair share of work, and so on), say no in an assertive (though polite) way. Again, we recommend that you read chapter 10 for suggestions regarding assertive communication.

- **Return an item to a store.** Return a book, an article of clothing, or some other item to a store. In most cases, the staff at the store will gladly take back the item. However, sometimes you may encounter a negative response, which will provide you with the opportunity to get used to this uncomfortable situation. To really test yourself, try to return an item without a receipt, without the original packaging, or after the allowed period for returns has passed. The store may not take back the item, but you may get an opportunity to practice dealing with conflict.

- **Send food back in a restaurant.** Ask your server to take your food or drink back (for instance, to change the dressing on your salad, make your soup hotter, cook your food more thoroughly, or bring you a different drink).

- **Take an extralong time at a bank machine when there are people waiting behind you.** For example, make several deposits, transfer funds from one account to another, and withdraw cash from two or more different accounts. Make eye contact with others in line to see if they are looking impatient.

- **Forget your money when paying for an item in a store.** For example, when you reach the front of a supermarket line, tell the cashier that you forgot your wallet. Or, have more items in your cart than you can afford to purchase. This will help you to better tolerate the possibility of inconveniencing the cashier and the people in line behind you.

Can you think of other practices that might involve the risk of minor conflict? If so, record them below.

Practices Involving Being the Center of Attention

If you are afraid of looking foolish, standing out in a crowd, or simply being observed by others, try some of these practices for drawing attention to yourself.

- **Say something incorrectly.** Purposefully answer a question incorrectly in class, provide someone with incorrect information, or mispronounce a word.

- **Speak loudly.** Speak loudly in a public place (for example, at a mall, in a bus, or on the subway), so that others around you can hear your conversation.

- **Have a mobile phone or pager go off in a public place.** Arrange for someone to page you or call you on your cell phone while you are at the dentist, eating at a restaurant, or walking through a public place. Use some discretion here. For example, don't try this practice during a college exam, a job interview, a funeral, or while at a movie, unless your intention is to annoy the people around you.

- **Drop something.** Drop your keys, your books, or some other item in a public place. Or, spill water all over your shirt.

- **Talk about yourself.** When speaking with other people, talk about your family, your job, your hobbies, or some other aspect of your personal life. Offer your opinions about political issues, books that you read recently, or movies that you saw.

- **Participate in a party game.** For example, play Twister, Pictionary, Scattergories, Outburst, Trivial Pursuit, or some other game with friends, coworkers, or family.

- **Wear your shirt or dress inside out or backward.** Walk around a public place while making a fashion faux pas. The more outrageous, the better. For example, wear shoes that don't match. Wear a plaid shirt with striped pants. Wear your dress or shirt inside out (this practice is even better if your dress or shirt has shoulder pads), or wear a formal evening gown during the day. With practice, you will become much less concerned about looking conspicuous.

- **Bump into a display in a store.** For example, knock over a few rolls of paper towels or toilet paper in the supermarket. Again, it is important to use good judgment. For example, don't knock over glass jars of tomato sauce. That would be going too far!

Can you think of other possible practices that involve being the center of attention? If so, record them below.

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Practices Involving Eating or Drinking with Others

People who fear drinking in front of others are often concerned about having shaky hands and spilling their drinks. Those who are fearful of eating in front of others may be nervous about making a mess, looking unattractive, or feeling flushed from hot foods. You should choose to practice exposure in situations that will challenge your specific anxieties. For example, if you are more anxious when eating messy foods, you should order foods that are likely to be messy. If you're nervous about blushing or sweating, order hot soup or a spicy meal. Below are some situations offering an opportunity to eat or drink in front of others.

- **Eat a snack at your desk.** If you work in an open area, eat a snack at your desk. This may be easier than eating with coworkers. When this practice becomes easier, you can move on to other practices, such as those that follow.

- **Hold a drink at a party or gathering.** If you tend to be anxious when holding a glass of wine or a soft drink in front of others, try doing just that the next time you're at a party or other social gathering. Try not to hide your hands if they begin to shake. If alcohol tends to decrease your anxiety, make sure you don't drink wine, beer, or spirits until after your anxiety has decreased on its own.

- **Have lunch with coworkers.** You probably eat lunch every day, so you might as well eat with other people, if the opportunity arises. If your natural tendency is to eat lunch at your desk or in restaurants alone, invite a coworker to join you for lunch once or twice a week.

- **Meet a friend at a restaurant for dinner.** If you tend to feel more comfortable in dark restaurants where people can't see you as well, challenge yourself by choosing a more brightly lit location. Choose a seat where you are likely to be observed by other people in the restaurant.

- **Invite people over for a meal.** For example, invite two or three friends or neighbors over for dinner.

- **Dine at other people's homes.** If you tend to decline invitations to eat at other people's homes, accept the invitation next time. You may find it more difficult to do so if you are concerned about not being able to control the environment (such as the lighting), who the other guests are, and what types of food will be served, but don't use these as reasons to avoid the situation.

- **Dine alone in a restaurant, food court, or other public place.** If eating alone in public makes you anxious, having lunch alone in a restaurant or food court may be a good practice. You might also consider eating in other public places, such as sitting on a bench in a park or in a shopping mall.

Can you think of other possible practices that involve eating or drinking in front of others? If so, record them below.

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Practices Involving Writing in Front of Others

Often, people who are uncomfortable writing in front of others are concerned about having shaky hands. They also may be fearful of others judging their handwriting or noticing personal information they may be recording. The following situations can provide an opportunity to practice writing in front of others.

- **Pay for items using a check.** Instead of paying with cash or a credit or debit card, write a check when purchasing merchandise in a store. Be sure to complete the check in front of the cashier (don't write out the check before you get to the store—that's cheating). If you're concerned about having the cashier notice your shaky hands, try making your hands shake purposefully. In fact, to really challenge your fear, let your hands shake so much that you have to write a whole new check.

- **Write a letter while seated in a public place.** Write a letter to a friend while sitting in a café, riding on a bus, or relaxing on a public bench. Make sure that there are others around who can see you writing.

- **Fill out forms or applications in front of other people.** For example, complete an application for a new credit card or loan at a bank (with the bank officer watching),

complete a consent form before getting a flu shot, fill out a contest ballot in front of a cashier, or sign documents in front of coworkers.

Can you think of other possible practices that involve writing in front of other people? If so, record them below.

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Practices Involving Job Interviews

To become more comfortable with job interviews, the best exposure practices are those that provide experiences similar to real job interviews, such as the following examples.

- **Apply for a volunteer position.** Many volunteer opportunities (for example, in hospitals, schools, theater companies, charitable organizations, community agencies, and so on) begin with an interview process very similar to that for a paying job. However, you may feel less pressure if you know that you're applying for a nonpaying position. If so, this is a good place to start. In addition to giving the employer the opportunity to meet you, another purpose of an interview is to give you a chance to evaluate the position. Applying for a volunteer position does not commit you to accepting it. If you decide it isn't for you, you can always turn it down. If you apply for several volunteer positions, you will become more comfortable with the entire interview process.

- **Practice interviews with family members or friends.** Practicing job interviews with friends or family members is another good way to begin the process of overcoming anxiety about job interviews. You will need to coach your friend or family member about the nature of the interview and the role that he or she should take. You may also want to work up to having some of these role-play interviews become particularly challenging (for example, have your friend play the role of a hostile interviewer), so you can learn to be more comfortable with difficult interviews in real life.

- **Apply for jobs that are not particularly interesting to you.** A great way to overcome the fear of job interviews is to practice interviewing for jobs that are not high on your list and for which you have little to lose. By practicing interviewing for jobs you don't particularly want, you will be better prepared when it comes time to interview for a job that interests you.

- **Apply for jobs that interest you.** If you are looking for a new job, eventually you must be able to interview for the job you want. The more jobs you apply for, the more interviews you will be offered. The more interviews that you get, the more opportunities you will have to practice your interviewing skills and to overcome your fear of being interviewed. Although it's reasonable to start out interviewing for jobs that are not particularly interesting to you, you should also be applying for jobs that you are interested in accepting.

Can you think of other possible practices that involve interviewing for a job? If so, record them below.

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Practices Involving Public Places

For some people, just being around other people is anxiety provoking, even if there is no interaction or direct social contact. If being in a public place is difficult for you, here are some exposure practices you can try. Remember to practice frequently and to stay long enough for your fear to decrease. If you must leave the situation, try to return to it as soon as possible.

- **Go to a mall or supermarket.** Shopping is a good way of exposing yourself to other people in a public place. To challenge your fear-related thoughts even more, shop when the stores are more crowded.

- **Make eye contact in a public place.** If appropriate, make eye contact with other people while you walk down the street or while sitting on a bus or subway. Of course, for safety reasons, this may not be wise in dangerous parts of town, especially after dark.

- **Go to a concert or sporting event.** You are almost guaranteed to encounter lots of people at a large concert, sporting event, movie theater, or other entertainment venue. If you prefer to sit in an aisle seat or near an exit (for a quick escape), try sitting in the middle of the row and away from an exit.

- **Read in a public place.** Spend time reading a favorite book or newspaper, or looking at a laptop or tablet, at a coffee shop, library, or other public place.

- **Join a gym or take an aerobics class.** Rather than exercising alone, practice exercising in front of others. For example, join an aerobics class and take a spot near the front of the room where others can see you. Or, lift weights near other people who are more experienced or more physically fit than you are.

Can you think of other possible practices that involve being in public? If so, record them below.

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Practices Involving Speaking to Authority Figures

Going out of your way to make contact with authority figures who make you feel uncomfortable is an effective way to learn how to be more comfortable with them. Examples of relevant exposure practices are listed below.

- **Have a meeting with your boss or teacher.** Ask your teacher to meet with you to discuss a difficult homework assignment, or ask your boss for an appointment to discuss your performance or some other aspect of your job.

- **Ask a pharmacist questions about a medication.** If you are taking any medications, ask a pharmacist to answer questions about the medication (for example, side effects, interactions with other medications, how to get refills, and so on). If you're not taking any medications, you can still ask questions, perhaps on behalf of a friend or family member.

- **Ask your doctor to explain a medical issue.** Make an appointment with your family doctor to ask questions about symptoms that you may be experiencing. Be sure to have your questions answered.

- **Meet with your bank manager.** For example, arrange to meet with your bank's manager or loan officer to discuss the possibility of obtaining a loan or mortgage.

- **Talk to a police officer.** For example, ask a police officer for directions.

- **Meet with a lawyer.** For example, meet with a lawyer to discuss estate planning (writing a will) or some other legal issue that you are dealing with.

- **Meet with an accountant or financial advisor.** Hire an accountant to help with your taxes, or meet with a financial advisor to get investment advice.

Can you think of other possible practices that involve interacting with people in authority roles? If so, record them below.

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Practices Involving Social Media

Individuals may feel that others are evaluating them negatively online. Interacting with others through social media can provide an excellent opportunity to become more comfortable with the possibility of being judged. A few warnings: Don't post anything online that realistically could be harmful down the road. If you are concerned about a future employer or others seeing what you post, be sure to post to sites for which you can remove information or you can control who sees your information with privacy settings (it's always safest to keep your page private, so only your friends can see it). Also, be aware that once something is posted, you have no control over what others may do with the information.

Be sure to avoid falling into common anxiety traps, including overusing safety behaviors (for example, checking Facebook constantly) or using social media as a substitute for in-person social contact. If you tend to avoid real-life contact with others, social media can provide a useful step as you work toward more in-person interactions. If you find yourself ruminating about your posts, be sure to use the cognitive strategies in chapter 6 to examine and challenge any negative thinking that may be contributing to your anxiety. With these warnings in mind, here are some exposure opportunities when using online media.

- **Participate in online communities.** Get involved with online sites such as Facebook, Twitter, Pinterest, Google+, Tumblr, Instagram, Reddit, or others (we realize that by the time you read this sentence, this list of sites may be out of date, but you get the idea). Take small social risks, such as interacting with friends online and sharing your opinions. Of course, be careful when comparing yourself to others. People tend to present themselves in the best possible light online. Chances are that they are not having as much fun as they would have you think, and they don't really have hundreds or thousands of friends in real life.

- **Post your work online.** For example, if you are musician, record a song and post it online (for example, on YouTube). Record a presentation and post it online. Post some of your photos or artwork online. Of course, by posting online you open yourself up to possible criticism (everyone out there has an opinion, and sometimes people can be

nasty, especially in online critiques). Use the strategies you've learned in this book to make sure you approach criticism in a balanced and adaptive way.

- **Meet people through online dating sites.** If you are seeking a romantic relationship, consider joining an online dating site. Two cautions: First, although the Internet can be a useful tool for meeting people, it's important that you don't rely exclusively on online relationships *instead* of in-person relationships. Rather, consider using the Internet as a tool for meeting people who you might eventually meet in person. Second, if you are meeting people in person for the first time, use appropriate caution. For example, a first date should happen in a public place, and you should not give others your home address until you know them fairly well.

Can you think of other possible practices that involve interacting with people online? If so, record them below.

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Challenging Your Worst Fears

By repeatedly exposing yourself to anxiety-provoking situations, you will continue to challenge most of your deeply held beliefs and predictions concerning your ability to cope with social and performance situations. Ideally, exposure practices should be designed to test whether your anxiety-provoking predictions are true. For example, if you are fearful of saying something foolish during a conversation at a party, it's not enough simply to attend parties, although just attending may be a reasonable first step. To more thoroughly challenge such an anxiety-provoking belief, you also need to talk to other people at the party. By having numerous conversations with others, eventually you will learn that most of what you say is not foolish at all.

After reaching a certain level of comfort talking to other people at parties, the next step might be to practice saying something silly or foolish purposefully and then evaluate the consequences. This practice would challenge your anxious beliefs at an even deeper level. Chances are that even if you did say something foolish at a party, the consequences would be minimal. With this type of exposure practice, you would not only learn that you can engage in effective conversations with others, but that even if you make a mistake from time to time, it doesn't really matter.

The strategies discussed in this section are useful for increasing the intensity of your exposure practices by testing out the validity of "what if" thoughts. Rather than dwelling on

questions like "What if I make a mistake?" or "What if I draw attention to myself?" we suggest that you try to answer them by purposefully making a mistake or purposefully drawing attention to your behavior. In all likelihood, you will discover that nothing terrible happens.

Purposefully Making Mistakes or Trying to Look Stupid

When you have begun feeling more comfortable in some of your feared situations, a reasonable next step is to make small mistakes purposefully, or to do things that make you look foolish or stupid. Examples of this purposeful behavior include pronouncing a word incorrectly while speaking to your boss, asking an obvious question in class, or bumping into a door. There is no need to make big mistakes (for example, purposefully failing an exam or crashing your car). Small mistakes will work just fine, and the consequences will be minimal.

Purposefully Drawing Attention to Yourself

If being the center of attention is difficult for you, your exposure practices should include attempts to draw the attention of others. For example, rather than arriving early or on time for a movie or a class, arrive a few minutes late so that everyone is aware of you when you enter the room. Although you may feel embarrassed momentarily, you will learn that the whole experience doesn't matter, even minutes later. Your embarrassment will be temporary, and almost instantly people will probably forget about your late arrival and soon be thinking about other things.

Expressing Personal Opinions

If you are afraid to express personal opinions during a conversation, just engaging in conversations without expressing personal opinions will not be enough to test the validity of your fearful beliefs. Conversation alone will not teach you that your fears are unfounded. Instead, you need to express your feelings or opinions during your exposure practices.

Developing a Situational Exposure Hierarchy

Before beginning exposure therapy, it is helpful to generate a *situational exposure hierarchy*, which is a list of very specific situations that range from mildly to extremely anxiety producing. This list will help to guide your exposure practices.

Usually, the situations on the hierarchy include details about particular themes that contribute to how much fear you are likely to experience. These themes may include the size of

the group or audience (for example, it may be easier to talk to one person rather than five people; five people may be easier to handle than fifty), the length of time involved (for instance, a five-minute conversation versus a thirty-minute conversation), your relationship with the other person (for example, a family member versus a stranger), and so on.

We provide two examples of situational exposure hierarchies here, one for a person who fears public speaking and the other for someone who experiences social anxiety in many different situations (in other words, generalized social anxiety). Note that the hierarchy items are very specific with respect to relevant variables, such as the duration of the practice and the types of people present. Developing specific items is important because it's difficult to develop practices based on overly vague hierarchy items. Fear and avoidance ratings are based on a scale ranging from 0 (no fear, no avoidance) to 100 (maximum fear, complete avoidance).

Sample Situational Exposure Hierarchy: Public Speaking

Situation	Fear	Avoidance
Give a one-hour formal lecture to two hundred strangers about a topic that I don't know well.	*100*	*100*
Give a one-hour formal lecture to thirty strangers about a topic that I don't know well.	*99*	*100*
Give a one-hour formal lecture to two hundred strangers about a familiar topic.	*90*	*100*
Give a one-hour formal lecture to thirty strangers about a familiar topic.	*85*	*100*
Give a one-hour informal presentation to twenty coworkers about an unfamiliar topic.	*85*	*90*
Give a one-hour informal presentation to twenty coworkers about an unfamiliar topic.	*70*	*70*
Give a one-hour informal presentation to twenty young children about my work.	*65*	*65*
Make comments or ask questions in a large meeting (more than fifteen people).	*50*	*60*
Make comments or ask questions in a small meeting (five or six people).	*40*	*40*
Offer to make a toast at a family dinner.	*35*	*35*

Sample Situational Exposure Hierarchy: Generalized Social Anxiety

Situation	Fear	Avoidance
Give a one-hour formal lecture to thirty coworkers about a familiar topic.	100	100
Have a party at my home for my coworkers.	95	95
Ask Pat out for a dinner date.	90	100
Answer an online personal ad.	85	100
Attend the annual holiday party at work without drinking alcohol.	85	85
Attend a party for a coworker who is retiring.	70	70
Have a formal dinner with Rita (a friend).	70	75
Talk about personal feelings or opinions with my coworkers.	60	60
Have a fast-food lunch with Rita.	60	50
Have a conversation with the person sitting next to me on a bus.	50	50
Ask someone for directions or for the time.	45	45
Call Rita on the telephone.	40	40
Eat alone in a crowded food court at the mall.	40	40
Walk around at a crowded mall.	35	35
Answer my phone without checking caller ID.	30	50

Now that you have an idea of what a completed hierarchy looks like, you can generate your own using the blank Situational Exposure Hierarchy Form (also available for download at http://www.newharbinger.com/33407). To do so, refer back to the suggested exposure practices in this chapter as well as to the results of your self-assessment in chapter 3. Choose situations that range in difficulty from slightly anxiety-provoking to overwhelming.

On the form, record these situations in order of difficulty, starting with the most anxiety-provoking at the top. Next, on a scale of 0 to 100, rate the level of fear you would feel if you were in that situation right now (0 = no fear, 25 = mild fear, 50 = moderate fear, 75 = intense fear, 100 = very intense fear). Finally, using a scale of 0 to 100, indicate how much you tend to avoid each situation on your hierarchy (0 = do not avoid the situation, 25 = hesitate to enter situation but rarely avoid it, 50 = sometimes avoid the situation, 75 = usually avoid the situation, 100 = always avoid the situation).

Situational Exposure Hierarchy Form

Situation	Fear (0–100)	Avoidance (0–100)
1. _____	_____	_____
_____		
2. _____	_____	_____
_____		
3. _____	_____	_____
_____		
4. _____	_____	_____
_____		
5. _____	_____	_____
_____		
6. _____	_____	_____
_____		
7. _____	_____	_____
_____		
8. _____	_____	_____
_____		
9. _____	_____	_____
_____		
10. _____	_____	_____
_____		

Imagined Exposure to Social Situations

Whenever possible, in vivo exposure (actual exposure to feared situations) is preferable to exposure in the imagination. In fact, imagined exposure is rarely used for treating social anxiety. Still, it may be useful either when the real situation is too overwhelming for you to enter or when you are unable to confront the actual situation for practical reasons (for instance, you have an upcoming college exam and no opportunities to practice taking it).

Imagined exposure may be helpful to prepare you to enter the actual situation. When using imagined exposure, the guidelines are generally the same as for in vivo exposure. For example, practices should be frequent (if possible, daily) and prolonged (for example, thirty to sixty minutes). Whenever possible, imagined exposure should be followed by exposure to the actual situation.

When conducting imagined exposure practices, close your eyes and try to imagine the situation as vividly as possible. Some people find it helpful to make an audio recording describing the situation in detail that they then listen to during subsequent practices. Other people find it helpful simply to imagine being in the situation. Either way, it's important to imagine the experience vividly, so that it feels as real as possible. Your imagined exposure practices should produce many of the same feelings that real exposures produce, although the intensity of these feelings may be lower during imagined exposure. We recommend that you ask yourself the following questions to help bring the experience to life:

- What do I see around me? What do my surroundings look like? Who else is here?

- What is happening in this situation?

- What emotions am I feeling?

- What thoughts am I thinking?

- What physical sensations am I experiencing? How intense are they?

- What is my environment like? Is it hot? Humid?

- What am I doing while in this situation?

- What sounds am I hearing?

- What odors am I smelling?

Situational Role-Plays

As discussed in chapter 7, situational role-play is an exposure practice in which you rehearse being in a simulated social situation before actually entering the real situation. Role-plays can

provide you with exposure practice without creating the same social risks that can be present in the actual situation. In other words, you have less to lose during simulated exposures. Here are some examples of how to use situational role-plays to improve your level of comfort, as well as to improve your skills for dealing with social situations:

- Before giving a formal presentation at work, practice giving your talk to several friends and relatives. Ask your simulated audience for feedback. If possible, repeat this role-play practice several times.

- If you're nervous about making small talk with strangers at parties, ask your partner (or any close friend or relative) to pretend to be an unfamiliar person. Imagine that you have both arrived early for a party and are waiting in the living room while the host prepares food in the kitchen. Practice engaging in small talk, as if you have just met for the first time.

- If you have an upcoming job interview, you can prepare by having friends or relatives simulate interviewing you for a job.

- If you want to ask someone out on a date, you could rehearse what you might say with a close friend or relative.

In the space below, record several more exposure role-plays you could use to begin confronting the situations you fear.

1. _____

   _____

   _____

2. _____

   _____

   _____

3. _____

   _____

   _____

4. _____

   _____

   _____

5. _____

_____

_____

Using Situational Exposure Records and Diaries

Keeping good records during exposure practices will help you to monitor your progress over time. The Situational Exposure Monitoring Form (also available for download at http://www.newharbinger.com/33407) is an example of a diary that you can use to record your experiences during exposure practices. In addition, this form is designed to help you use your exposure practice to challenge any anxiety-related thoughts related to the situation. Although this form may seem somewhat complex at first, with practice it will become easier to complete.

At the top of the form, you should describe the situation you're practicing, as well as the date, time, and duration of the practice and your fear level before and after the practice using a scale of 0 to 100 (0 = no fear and 100 = maximum fear). The middle part of the form is for testing the validity of your fearful thoughts and predictions regarding the exposure practice. Complete the first three columns before the practice and the last column after the practice.

In the first column, record your emotional response to the upcoming practice (responses such as fear or nervousness). In the second and third columns, record your fear-related thoughts and predictions, as well as evidence regarding the validity of them. (Chapter 6 has many examples of possible fearful beliefs, as well as instructions for evaluating the evidence concerning thoughts and predictions.) After you've completed the practice, record the outcome (what actually happened), any new evidence generated by the practice, and what you learned about the accuracy of your original anxiety-provoking thoughts and predictions.

In the lower part of the form, there is space to record your fear level periodically during the practice, using a scale ranging from 0 (no fear) to 100 (maximum fear). The frequency with which you record your fear ratings will depend on the duration of the practice. For example, you might record ratings every minute for a practice lasting ten minutes, or every thirty minutes for a practice lasting all day. There is space to provide up to twenty fear ratings during the practice, though you will probably not need that many. The last step is to plan for your next practice by answering this question: Based on this experience, what exposure practice will you complete next?

Situational Exposure Monitoring Form

Describe the Exposure Situation: _____   Date and Time: _____

Duration of Exposure: _____   Initial Fear Level (0–100): _____   Fear Level After (0–100): _____

Complete Before The Exposure Practice		**Complete After The Exposure Practice**
What emotions (for example, fear and anger) do you have as you think about doing this exposure?	What anxiety-provoking thoughts and predictions do you have about the exposure? What do you expect to happen during the exposure practice?	What evidence do you have that your fearful thoughts and predictions are true?	1. What was the *outcome* of this practice? What actually happened? 2. What *evidence* did you gain from this practice? How accurate were your original thoughts and predictions?
			1. Outcome of Practice 2. Evidence Gained

Fear Ratings (0–100)

Provide occasional fear ratings over the course of the exposure practice. For example, for a twenty-minute exposure practice, record ratings every five minutes or so. For a two-hour exposure practice, record ratings every fifteen minutes or so. Space is provided for a total of twenty ratings over the course of the practice.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____

Based on this experience, what exposure practice will you complete next? _____

Exposure to Feared Sensations

In addition to fearing social situations, people with high levels of social anxiety often fear experiencing anxiety-related sensations. This is especially true for symptoms that others might notice, such as blushing, shaking, and sweating, though other anxiety symptoms, such as racing heart or dizziness, may also be frightening. *Symptom exposures* (also called interoceptive exposures) are practices that bring on physical sensations that make socially anxious people uncomfortable or anxious. The goal of these exposures is to practice them until you learn that your feared outcome doesn't come true, or until the anxiety triggered by the practices has decreased. The following table lists some symptom exposure practices along with the sensations they typically trigger. At the end there is space for you to brainstorm additional exercises that you think might be useful for triggering symptoms you fear.

Symptom Exposure Exercise	Typical Sensations
Wear overly warm clothing.	Sweating, blushing, hot flashes
Have a hot drink or hot soup.	Sweating, blushing, hot flashes
Sit in a hot, stuffy space (for example, a sauna, hot car, or small room with a space heater) for five to ten minutes.	Sweating, breathlessness or smothering feelings, hot flashes, blushing
Tense all the muscles in the body for sixty seconds, or for as long as possible.	Trembling or shaking, breathlessness or smothering feelings, racing or pounding heart, dizziness or light-headedness, blushing
Carry heavy weights or bags for sixty seconds, or for as long as possible.	Trembling or shaking, breathlessness or smothering feelings, racing or pounding heart, dizziness or light-headedness, blushing
Run in place or run up and down stairs for sixty seconds.	Racing or pounding heart, breathlessness or smothering feelings, chest tightness, sweating, trembling or shaking, blushing
Spin around in a swivel chair for sixty seconds.	Dizziness, faintness, light-headedness
Hyperventilate (shallow breathing at a rate of about 100 to 120 breaths per minute) for sixty seconds.	Breathlessness or smothering feelings, dizziness or light-headedness, racing or pounding heart, feeling unreal, trembling or shaking, numbness or tingling sensations

Breathe through a small, narrow straw (plug your nose if necessary) for two minutes.	Breathlessness or smothering feelings, racing or pounding heart, choking feelings, dizziness or light-headedness, chest tightness, trembling or shaking

Other Symptom Exposure Exercises	Typical Sensations I Fear
_____	_____
_____	_____
_____	_____
_____	_____

Is Symptom Exposure for You?

If you are not fearful of the sensations that you experience when anxious, and you are not concerned about others noticing your anxiety symptoms, then there is no need to practice symptom exposure. However, it is likely that symptom exposure will be helpful if (1) you are generally afraid of experiencing anxiety symptoms, such as a rapidly beating heart, dizziness, shaking, blushing, or sweating, even when you are not in social situations; or (2) you are afraid of experiencing anxiety symptoms in front of other people. If you're fearful of experiencing sensations of physical arousal in general, you may benefit from practicing symptom exposure outside of social situations (for example, at home). If you are only fearful of these sensations while in the presence of other people, then we recommend that you focus on combining these exercises with situational exposure practices.

How Does Symptom Exposure Work?

Like situational exposure, symptom exposure is thought to decrease fear by demonstrating that a person's fearful beliefs, assumptions, and predictions regarding their symptoms are unfounded. By deliberately bringing on uncomfortable feelings in a controlled and predictable

way, you will learn two things: first, that you can have some degree of control over the sensations that normally appear to be uncontrollable, and second, that you can cope with the sensations when they occur; even if you do experience noticeable physical sensations in front of other people, the consequences are likely to be minimal.

By learning to allow yourself to be anxious in front of other people, and to allow others to observe your anxiety symptoms, such as shaking, sweating, or blushing, eventually you will become less concerned about your anxiety reactions and what people think when they notice them. By becoming less concerned about these sensations, you will be less anxious in social and performance situations.

A Caution About Symptom Exposure

If you are healthy, the practices described in this chapter are safe. However, some could worsen certain health conditions. For example, if you have asthma or a bad cold, you should probably not practice hyperventilation or breathing through a straw. If you have an inner ear infection that causes dizziness, it's best not to practice spinning in a chair. To be safe, we recommend checking with your doctor to see if any of these exercises are likely to be dangerous or problematic for you.

A Step-by-Step Guide to Symptom Exposure

This section describes the three main steps for using symptom exposure to overcome the fear of experiencing physical arousal sensations: (1) discovering which exercises bring on your feared symptoms (or *symptom induction testing*), (2) practicing symptom exposure outside of social situations (if relevant; for more details, see step 2 below), and (3) practicing symptom exposure in social situations.

Step 1: Symptom Induction Testing

Before practicing symptom exposure on a regular basis, you should first determine which exercises are most likely to be effective for you. To do this, try each exercise at home, paying attention to the specific symptoms you experience, the effect each exercise has on your fear level, and how similar the experience is to the fear you normally experience in social situations. You can use the Symptom Induction Testing Form (also available for download at http://www.newharbinger.com/33407) to record this information. We included space for you to add exercises that you may have identified earlier in the chapter.

Symptom Induction Testing Form

Instructions: After trying each symptom exposure exercise at home, (1) record the physical sensations you experienced; (2) rate the intensity of the fear you experienced using a scale of 0 (no fear) to 100 (maximum fear); and, (3) using a scale ranging from 0 (no fear) to 100 (maximum fear), rate the level of fear you would expect to experience if you practiced the exposure in front of others (for example, in a meeting, having dinner with friends, or while giving a presentation).

Exercise	Sensations Experienced	Fear at Home (0–100)	Expected Fear in Front of Others (0–100)
Wear overly warm clothing.			
Have a hot drink or hot soup.			
Sit in a hot, stuffy space (for example, a sauna, hot car, or small room with a space heater) for five to ten minutes.			
Tense all the muscles in the body for sixty seconds, or for as long as possible.			
Carry heavy weights or bags for sixty seconds, or for as long as possible.			
Run on the spot or run up and down stairs for sixty seconds.			

Spin around in a swivel chair for sixty seconds.			
Hyperventilate (shallow breathing at a rate of about 100 to 120 breaths per minute) for 60 seconds.			
Breathe through a small, narrow straw (plug your nose if necessary) for two minutes.			
Other exercise:			
Other exercise:			

Step 2: Practicing Symptom Exposure Outside of Social Situations

Check out your ratings in the third column of the Symptom Induction Testing Form. Did any of these exercises trigger fear when you tried them at home, without other people around? If so, then continuing to practice them at home may benefit you. *If these exercises are not frightening outside of social situations, you can skip this step.*

Step 2 begins with making a list of exercises to practice and organizing them into a symptom exposure hierarchy. To develop a hierarchy, first eliminate any exercises that you know will not make you anxious (based on what you recorded on the Symptom Induction Testing Form). For example, if the sensations created by physical exercise (something like jogging) are not at all frightening, eliminate this exercise from your list. Next, organize the remaining exercises based on level of difficulty, placing the least anxiety-provoking exercise at the bottom and the most anxiety-provoking item at the top. Record the level of fear you

expect to experience with each exercise, using a scale ranging from 0 (no fear) to 100 (maximum fear). Here's a sample symptom exposure hierarchy for exposure practices outside of social situations.

Exercise	Fear Rating (0–100)
1. Hyperventilate at home alone (one minute).	60
2. Breathe through a straw at home alone (two minutes).	45
3. Spin in a chair at home alone (one minute).	35
4. Run on the spot or run up and down stairs (sixty seconds)	30

Next, use this hierarchy to help you choose which exercises to practice. Begin with exercises that are challenging but unlikely to be overwhelming. After you have chosen an exercise, set aside about fifteen minutes twice a day to practice it repeatedly. After each repetition, take a short break (from thirty seconds to a few minutes), at least until the symptoms decrease. Continue to practice the exercise another five or six times, or until your fear has decreased. Each time you complete an exercise, you will experience the physical symptoms associated with it. However, your fear of the symptoms should decrease across practices and across days. For example, if you are practicing hyperventilation, you are likely to continue to become hot and light-headed each time you do the exercise. However, over time, these feelings should become less frightening.

Keeping good records of symptom exposure practices will help you to monitor your progress over time. You can use the Symptom Exposure Diary (also available for download at http://www.newharbinger.com/33407) to record the results of each practice and to challenge any anxiety-provoking thoughts and predictions that arise.

Symptom Exposure Diary

Instructions: You should complete this form each time you practice symptom exposure. The first column indicates the trial number (1, 2, 3, and so on). For each trial, (1) list the physical sensations that you experienced; (2) rate the intensity of the fear you experienced using a scale of 0 (no fear) to 100 (maximum fear); (3) list specific anxiety-provoking thoughts and predictions regarding the exercise (for example, "I will be hot and sweaty for the rest of the day"); and (4) list balanced, realistic, and flexible beliefs to counter these thoughts and predictions, as well as evidence concerning their validity.

Describe the Exposure Exercise: _____

Location of Practice: _____   Date and Time: _____

Trial #	Sensations Experienced	Fear (0–100)	Anxiety-Provoking Thoughts and Predictions	Balanced, Realistic, and Flexible Alternative Beliefs, and Related Evidence
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Step 3: Practicing Symptom Exposure in Social Situations

After you have practiced situational exposure in social situations and symptom exposure in nonsocial situations, the next step is to combine these two approaches. Combined symptom and situational exposure is one of the most challenging types of exposure that you can practice. However, it can also provide you with the strongest possible evidence that your anxious predictions are exaggerated or untrue. By entering the social and performance situations that you fear and purposefully inducing arousal sensations to enhance your fear, you will learn that these situations are manageable even when you feel extremely uncomfortable.

To start, refer back to the fourth column of the Symptom Induction Testing Form (the level of fear you would expect to experience if you practiced a symptom exposure in a social situation, with others around). Select exercises with high ratings in this column, and combine them with situational exposure practices. You can then add these practices to the situational exposure hierarchy you created earlier in this chapter. Use the Symptom Exposure Diary, described in step 2 (even if you skipped that step), to monitor your progress. Here's a sample of an exposure hierarchy combining situational and symptom exposures.

Exercise	Fear Rating (0–100)
1. Wet forehead (to simulate sweating) before giving a presentation	100
2. Purposefully lose train of thought during a meeting or presentation	80
3. Wear a warm sweater while giving a presentation	80
4. Hold a heavy bag for sixty seconds immediately before holding a filled glass in front of others (to induce shaky hands)	75
5. Purposely make hands shake while writing or holding a drink at a meeting	75
6. Breathe through a straw for two minutes immediately before entering a cocktail party and making small talk	70
7. Eat hot soup to induce flushing and sweating at a dinner party	60
8. Run around the block before entering a party	40
9. Hyperventilate just before calling someone on the telephone	35

A Step-by-Step Guide to Conducting Exposure for Social Anxiety

A comprehensive exposure-based treatment should include the following steps:

- **Develop a situational exposure hierarchy.** Although you should use the hierarchy to guide your exposure practices, you can be flexible. For example, feel free to work on situations that are not on your hierarchy. In addition, you can revise your hierarchy as particular situations begin to provoke less anxiety.

- **Include symptom exposure exercises in your hierarchy.** If you are fearful of experiencing certain sensations while in social situations, include symptom exposure exercises as part of your situational exposure hierarchy. If you are fearful of experiencing anxiety sensations outside of social situations, then include practices for nonsocial situations as well.

- **Plan your exposure practices on a week-by-week basis.** At the start of each week, you should have a good idea of the types of practices you will conduct over the coming week, as well as the dates and times you'll conduct them.

- **Develop a long-term exposure plan.** Plan for the types of situations in which you are likely to conduct exposure practices over the coming months. Of course, your plan probably will change frequently, depending on the results of your practices each week.

- **Start with exposure practices that are near the bottom or middle of your hierarchy.** If a situation is too difficult, try something easier. If a practice doesn't create much anxiety, try something more difficult.

- **Gradually increase the difficulty level of practices.** As exposures to particular situations become easier, begin practicing with situations that provoke more anxiety.

Integrating Exposure Strategies into Your Treatment Plan

Although exposure to feared situations is perhaps the most important technique for overcoming your fear, the exposure methods described in this chapter (and in chapter 7) are often most effective when they are used as part of a comprehensive treatment plan. In addition to situational exposure, your treatment plan should include the cognitive strategies described in chapter 6, which will help you to reinterpret your experiences during situational exposures. As

we noted earlier in this book, we recommend that you first practice the cognitive techniques for several weeks before formally beginning exposure practices.

Also, your treatment plan may include medication (chapter 5), mindfulness and acceptance-based strategies (chapter 9), and social-skills practices (chapter 10), depending on your own personal needs and preferences. As you have seen and will see, these strategies can be used in the context of your exposure practices. Exposure is the foundation around which the other treatment strategies are introduced.

CHAPTER 9

Coping with Social Anxiety Through Mindfulness and Acceptance

At this point in the book, you probably recognize that attempting to control your anxiety with strategies such as avoidance may help for short periods, but it won't lead to long-term improvements. If anything, these strategies have kept your anxiety alive over time. Acceptance-based strategies involve doing the opposite—namely, giving up trying to control your anxiety. Once you truly accept (and even embrace) your anxiety, you will find that it no longer controls your life.

In this chapter, we build on previous chapters by introducing additional strategies (for example, mindfulness, which we will define shortly) that focus more explicitly on increasing acceptance. The material in this chapter draws on the work of others who have developed, studied, and described various mindfulness and acceptance-based treatments, including acceptance and commitment therapy, mindfulness-based stress reduction, mindfulness-based cognitive therapy, and dialectical behavior therapy, to name a few. A full discussion of each is beyond the scope of this chapter (for a review, see Hayes, Follette, and Linehan 2004). Instead, our aim is to provide examples of acceptance-based strategies that can be used with the other strategies in this book.

A growing number of studies now support the use of mindfulness and acceptance-based treatments for social anxiety (for example, Kocovski et al. 2013; Norton et al. 2015), and they show that these treatments offer benefits similar to those of traditional cognitive and behavioral approaches. If you are interested in learning more about mindfulness and acceptance-based treatments, see *Full Catastrophe Living* (Kabat-Zinn 2013), *Get Out of Your Mind and Into Your Life* (Hayes and Smith 2005), *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth and Eifert 2016), *The Mindfulness and Acceptance Workbook for Social Anxiety and Shyness* (Fleming and Kocovski 2013), and *Worry Less, Live More* (Orsillo and Roemer 2016).

The Costs of Seeking Control

Charles Darwin wrote, "The highest possible stage in moral culture is when we recognize that we ought to control our thoughts" (1902, 166). This statement illustrates a prevailing Western view that internal experiences (such as thoughts, emotions, and feelings) should be controlled whenever possible. It's not surprising that many of us might want to have a sense of control over what happens to us. A sense of control is important for feeling safe and secure. For example, psychologists have found that feeling as though we don't have control can contribute to the development of anxiety as well as the behaviors that help maintain it (for example, Chorpita and Barlow 1998; Hofmann 2005; Korte et al. 2015). Also, improving one's sense of control appears to have benefits when it comes to social anxiety and other anxiety-related conditions. For example, improvements in anxiety brought about by using strategies similar to those described in chapters 6, 7, and 8 are related, in part, to an increased perception of control (Gallagher, Naragon-Gainey, and Brown 2014).

So, having a sense of control over your life is generally good. But does that mean that you should *try to control* your thoughts, emotions, and physical feelings? Probably not. Having a general sense of control and trying to impose control on internal experiences are not the same thing. It turns out that actively trying to control internal experiences is an ineffective way to increase your sense of control. As discussed earlier, strategies aimed at controlling your anxiety, such as avoidance and safety behaviors, have the opposite effect; they help to maintain anxiety, especially over the long term. In contrast, strategies aimed at accepting anxiety are often more useful for reducing anxiety as well as increasing one's sense of control (for example, Gallagher, Naragon-Gainey, and Brown 2014; Treanor et al. 2011). In other words, accepting your anxiety is an important step toward mastering it.

In addition, it is helpful to distinguish between controlling one's *internal* experiences, such as thoughts and feelings, versus controlling *external* events. For example, responding assertively to someone's unreasonable demands may be a useful strategy to control a stressful situation. It is also useful to distinguish between trying to control things that can be controlled (for example, our behaviors) versus trying to control things that often cannot be controlled (for example, our internal experiences). Exerting control over one's behaviors is a helpful strategy for changing anxiety.

If you experience anxiety in social situations, you probably use a range of strategies to control your thoughts, emotions, and physical feelings. Examples of common control-oriented strategies include:

- Being alert for signs of anxiety, so you can prevent the feelings from getting worse

- Paying attention to potential "dangers" in social situations (for example, looking for subtle signs of criticism on other people's faces)

- Avoiding feared situations

- Resisting anxiety or pushing it away using distraction or other methods

- Trying to reduce physical reactions, such as sweating, shaking, or blushing

- Attempting to control the thoughts that contribute to anxiety

- Using safety behaviors (for example, avoiding eye contact) to reduce risk in social situations or to reduce anxiety

Can you think of specific strategies that you use to control your anxiety and related experiences? Record them below.

_____

_____

_____

_____

_____

Think about how well these strategies work for you, both in the moment you use them and over time. Do they help you feel in control in the short term? For example, when you escape from a feared situation, does your anxiety decrease? What about over the long term? Have your frequent attempts to control your anxiety helped you to overcome it? Do they lead to a sense of control? What are the costs of trying to control your experiences? For example, what opportunities have you given up in your efforts to control your anxiety?

Accepting Anxiety Through Mindfulness

Mindfulness is nothing new; its roots can be traced back more than two thousand years to early forms of Buddhism and various other spiritual traditions (Gethen 2015; Olendzki 2014). However, the integration of mindfulness practice into mainstream health care and the dramatic surge of research on the topic over the last few decades (American Mindfulness Research Association 2016) are relatively recent phenomena. The scientist Jon Kabat-Zinn is often credited with the increased popularity of mindfulness in the West, both through the development of mindfulness-based stress reduction at the University of Massachusetts Medical School and the publication of several books on the topic (Kabat-Zinn 1994; Kabat-Zinn 2013). Despite the

historical roots of mindfulness, typically its use in acceptance-based treatments is not tied to any particular religion or spiritual practice.

Kabat-Zinn defined mindfulness as "paying attention, in a particular way: on purpose, in the present moment, nonjudgmentally" (1994, 4). A decade later, Bishop and colleagues (2004) proposed a similar, though more formal, definition emphasizing two core components: (1) awareness of one's immediate experience in the present moment, and (2) allowing one's attention to be accepting, nonjudging, and compassionate. Here are three important things to remember about mindfulness:

1. *It's deliberate*—in other words, it's something we decide to do at a given point in time.

2. *It's present focused*—when we are mindful, we pay attention to our experiences in the moment, as opposed to ruminating about the past, thinking about the future, or engaging in distracting activities (for example, reading while you're eating).

3. *It's nonjudgmental*—in other words, we don't evaluate our experiences. For example, it's not *good* or *bad* if you feel anxious. It's not good or bad if you're sweating, shaking, or blushing. It's just what's happening. It just *is*.

Mindfulness and acceptance can be difficult concepts to grasp. Essentially, *mindfulness* involves entering a state of *being* as opposed to a state of *doing*—just sitting with one's experience and not doing anything to influence, change, or control it. Sometimes it's easiest to illustrate the idea of mindfulness using metaphors. One example is the tug-of-war metaphor, which a client originally generated to deal with her long-term struggles with anxiety (Hayes, Strosahl, and Wilson 2012).

Imagine you're in a tug-of-war with a large, superstrong monster. You tug with all of your might, because between you and the monster is a big, bottomless pit that you're trying to avoid. You can feel yourself losing ground as you struggle not to be pulled into the hole. You can keep tugging, but the monster is too strong and you're getting closer and closer to the pit. What are your options? You can keep tugging and surely end up falling down the hole. Or, you can give up the struggle, drop the rope, and avoid the bottomless pit. Your choices are similar when it comes to fighting your anxiety—you can continue to struggle or you can just let go. Accepting your anxiety will ultimately free you up to focus on what's important to you and to do the things you want to do (rather than what your anxiety is telling you to do).

Ultimately, the client who developed this metaphor came to realize that her job was not to win the tug-of-war. What she needed to do was drop the rope.

Changing Your Relationship with Your Thoughts

In chapter 6 we discussed ways that thoughts contribute to social anxiety, and you learned strategies for challenging your thinking about social situations and for viewing them in a more balanced, flexible, and realistic way. In mindfulness and acceptance-based approaches, people are not taught to challenge their thinking directly. Instead, they're encouraged to change their relationship with their thoughts, from one of fusion to one of defusion (also known as decentering or distancing). When people are anxious, they tend to become "fused" with their anxiety-provoking thoughts; in other words, they remain caught up in or engaged with them, as if their thoughts are more important than they really are. Do you tend to believe your anxiety-provoking thoughts, especially when your anxiety is high? Do you do what your thoughts tell you to do (for example, avoid feared situations)? If so, mindfulness strategies can teach you to get some distance from your thoughts so they no longer control you. A number of tools have been developed for defusing from anxiety-provoking thoughts and feelings, including these examples (adapted from strategies described by Fleming and Kocovski 2013; Hayes and Smith 2005; Segal, Williams, and Teasdale 2013):

- **Acknowledge that your thought is just a thought.** For example, if you find yourself having the thought *Others think I am boring*, you can get some distance from it by instead saying to yourself, *I am having the thought that* others think I am boring.

- **Name what your mind is doing.** In chapter 6, we discussed various types of anxiety-provoking thinking styles, such as probability overestimation, mind reading, should-statements, and all-or-nothing thinking, among others. When you find yourself engaging in a particular thinking style, call it what it is. For example, you might say to yourself, *I am mind reading*, or *That thought was an example of all-or-nothing thinking*. Naming the thinking style will quickly provide some distance from the thought.

- **Have fun with your thoughts.** Give your anxiety a name (for example, call it Larry) to get some distance from it. For example, you can say to yourself, *Larry is telling me not to talk to that person*, rather than *I am too anxious to talk to that person*. Alternatively, speak your anxiety-provoking thought in another voice (for example, that of a politician, TV personality, or cartoon character, or a funny one you create yourself). Finally, consider putting your thought to a tune and singing it. These ideas may sound silly, but they may help you to defuse from your thoughts and to take them less seriously.

- **Use metaphors to get some distance from your thoughts.** For example, imagine that your thoughts are a waterfall, and you are standing right in the middle of it. Now, instead of allowing yourself to be pushed around by your thoughts, step out from under the waterfall and observe your thoughts from a few feet away. Alternatively, imagine you are sitting at the top of a tall tree (or on a cloud). From your vantage point, you

can observe your thoughts, feelings, and sensations as you would the grass, people, houses, flowers, squirrels, garbage, and other things on the surface of the ground. Finally, imagine you are sitting at the edge of a stream, watching leaves float by on the surface. When a thought pops into your head, imagine it printed on a leaf, and then imagine the leaf floating away. These metaphors (and others; see Stoddard and Afari 2014) may help you step back from your thoughts. You can also use them to step back from other types of experiences, such as emotions (for example, anxiety, fear, anger, or sadness) and uncomfortable physical feelings (such as shaking, sweating, and blushing).

Mindfulness Exercises

You can use a number of exercises to practice mindfulness, helping you to shift to a non-judgmental, present focus. Typically, people are encouraged to begin with practices involving paying attention to sounds, sensations, breathing, eating, or other experiences that are not necessarily emotionally charged. Practices may then progress to more challenging exercises, such as being mindful of one's thought or emotions. Mindfulness training should also include both formal practices, such as taking time each day for meditation, and informal practices throughout the day, such as washing the dishes or taking a shower mindfully (Orsillo and Roemer 2016). The mindfulness books mentioned earlier (as well as those in the "Recommended Books and Videos" section at the back of this book) include numerous exercises, and some include guided mindfulness meditations that you can download or listen to on CD. In addition, a number of helpful audio-recorded mindfulness exercises can be found at http://mindful-waythroughanxiety.com/exercises. In this section we discuss three mindfulness exercises.

Mindful Eating Exercise

This exercise (described by Kabat-Zinn 2013) is often conducted with a raisin (and is therefore sometimes called the raisin-eating exercise), but any small piece of food can be used (for example, an almond, a caramel, or a piece of bread). The goal is to fully experience the raisin in a way you've never experienced it before. Take a raisin in the palm of your hand and feel it with your fingers. Pay attention to its texture, size, and shape. Raise the raisin to your nose and experience the smell. Eventually, put the raisin in your mouth, but don't chew it yet. Just sit with the experience of the raisin. Be aware of any changes in its taste, texture, and smell as it dissolves in your mouth. If you experience any urges to chew or swallow the raisin, be aware of the urges, but initially don't act on them. After a minute or so, bite into the raisin and pay attention to how the taste, texture, and smell change again. Eventually, allow yourself to swallow the raisin and experience the sensation of it going down your throat.

Mindfulness of Sounds Exercise

For this exercise, find a comfortable location where you're unlikely to be interrupted. This can be inside (for example, at home or in a private office at work) or outdoors (for example, on a park bench). Once you're settled, bring your attention to the present moment by focusing on your breath. After about a minute, expand your awareness to the sounds around you. Notice the sounds as they come and go. Pay attention to how long they last, how loud they are, and whether they are high or low in pitch. Allow yourself to take a nonjudgmental stance toward the sounds. Even if you hear an annoying or unpleasant noise (for example, a dog barking or a horn honking), just notice the sound without evaluating it. Continue the exercise for at least five minutes, resisting the urge to end early. What sounds did you notice? For example, did you hear people talking? The wind in the trees? Your stomach rumbling? The ticking of a clock? Were you able to hear these sounds as just sounds, coming and going? Were you able to be aware of your changing auditory experience without analyzing or judging?

Body Scan Exercise

Many of us have ambivalent relationships with our bodies. You may like aspects of your body and hate others. You may be frustrated with your weight or hate the fact that you sweat or shake in front of others. The body scan exercise (created by Kabat-Zinn 2013) is a formal meditation practice focused on taking a nonevaluative stance toward your body. Start by lying on your back with your eyes closed. Next, pay attention to your breathing. Be aware of the feeling of your lungs expanding and contracting, the feeling of air moving in and out of your body, and any other sensations you notice. The rest of the exercise involves becoming aware of specific parts of your body, while also maintaining a focus on your breathing. Pay attention to any sensations you feel, including tension, shakiness, heat, cold, pain, itching, sweating, pressure, or fatigue. Start with your toes. When you feel ready, move from your toes to the rest of your feet, and then sequentially to your shins, knees, and thighs. Next, pay attention to your pelvic area, followed by your abdomen, chest, shoulders, hands, lower arms, and then your upper arms. Next, move on to your neck, followed by your face and head. This exercise should be practiced daily for about forty-five minutes.

Living a Values-Driven Life

Values are qualities or life directions that are important to you, and they are a component of acceptance-based treatments (Fleming and Kocovski 2013). Values include being respectful of others, working hard, or being creative. It is useful to distinguish between values and other

related terms, such as goals and actions. *Goals* are concrete or measurable outcomes of your behavior, such as getting married, getting a new job, or writing a letter to a friend (note that goals were also discussed in chapter 4). *Actions* refer to the things we do to reach our goals. In acceptance-based therapies, values, goals, and actions are closely related. Individuals are encouraged to emphasize goals that are consistent with their values and to engage in actions that will help them meet these values-based goals. For example, you may value being kind to others, you may have the goal of being in a relationship, and you may take action by asking someone out on a date. When thinking about pursuing your values, it is useful to consider doing so in spite of your anxiety.

To start the process of identifying your values and goals, imagine you can wave a magic wand and make your social anxiety disappear. How might your life be different? If you could live the life you want to live, free from high anxiety, what would you do differently? Would you be working a different job? Would you know more people? Would you have more relationships? Would you spend your time differently? In the space below, record how your life might change if your anxiety were to suddenly improve.

_____

_____

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_____

The Epitaph Exercise

Another exercise for identifying important values and goals is the epitaph exercise (adapted from Forsyth and Eifert 2016; Hayes, Strosahl, and Wilson 2012). An *epitaph* is a statement written in memory of someone who has died (for example, an obituary printed in a newspaper or an inscription on the person's tombstone). The epitaph exercise involves thinking about what your own epitaph might be if you were to suddenly die, and then to consider how you might want it to look, if you had the opportunity to make changes and live a life that's more closely aligned with your personal goals and values.

Step 1: Start by writing what we'll call your *anxiety-management epitaph*. Imagine you were to die today. What would your life have stood for? How might you be remembered? What would your obituary say? What might others say about you? What might be written on your

tombstone? As an illustration, here is an anxiety-management epitaph written by Sam, who struggled with social anxiety.

> Sam passed away peacefully earlier today. Sam was a kind individual who cared about others, though he often had difficulty showing it. He had many talents—he was bright, had a good sense of humor, and was a skilled athlete. However, he rarely let others see his talents. He loved politics and always hoped he might have the opportunity to make a difference in his community by getting involved in local government. He was even accepted into law school, though he turned down the offer because he worried about having to interact with others. Sadly, Sam's anxiety in social situations affected his life in important ways. He was terrified of looking bad in front of others, and he arranged his life to minimize the risk of being judged. He avoided speaking up in public, meeting new people, and taking risks in social situations. He spent most of his time alone, except for occasional visits with his family and a few close friends. He held a number of clerical jobs—for which he was usually overqualified—that required little contact with others. Although Sam wanted to marry and have a family more than anything, his fear of rejection caused him to avoid meeting new people, making it impossible to form close relationships. Sadly, Sam died before finding the relationship he wanted and without ever having the chance to engage with his community.

Now it's your turn. Write your anxiety-management epitaph in the space below (or on a separate piece of paper, if there is not enough space here). What would your life have stood for if you were to die today?

_____

_____

_____

_____

_____

_____

_____

Step 2: Read over your anxiety-management epitaph and reflect on what it says. Did you live the life you wanted to live? If you had to live your life over again, what changes would you make?

_____

_____

_____

_____

_____

Step 3: Now, assume that you're going to live to the age of ninety. Write a _new valued-life epitaph_ reflecting the life you would like to lead, taking into account your goals and what's important to you.

_____

_____

_____

_____

_____

_____

_____

Identifying Values and Goals Within Specific Life Domains

Next, the Identifying Values and Goals form will help you examine your values and goals more thoroughly by considering them in the context of specific life domains (Fleming and Kocovski 2013; Hayes, Strosahl, and Wilson 2012). The first column includes ten life domains (from Hayes, Strosahl, and Wilson 2012). For each domain, ask yourself the following questions:

1. Is this life domain important to me?

2. Are there social situations I fear that fall within this domain?

If you answered no to questions 1 or 2, then skip to the next domain. If you answered yes to these questions, then answer the following:

3. What values do I hold with respect to this domain? For example, what sort of person do I want to be? What sort of life do I want to have? The second column includes questions to help you identify your values for each domain and space for you to record them.

4. What goals do I have with respect to this domain? In other words, what specific changes would I like to make? The third column includes examples of possible goals related to social situations and space to list your own goals.

Identifying Values and Goals

Life Domains	Values	Examples of Goals
Family relationships (other than intimate relationships) _____ Check here if this domain is not important to your values, and skip to next domain.	• What sort of sibling, parent, child, nephew, niece, cousin, grandparent, or grandchild do I want to be? _My Values_	• Invite family over for dinner • Organize a birthday party for my child _My Goals_
Intimate relationships (for example, marriage, partnership) _____ Check here if this domain is not important to your values, and skip to next domain.	• What sort of partner would I like to be? • What sort of relationship would I like to have? _My Values_	• Go on dates • Get married • Disclose personal feelings to my partner • Socialize with my partner and other couples _My Goals_

Life Domains	Values	Examples of Goals
Friendships and other social relationships _____ Check here if this domain is not important to your values, and skip to next domain.	• *What does it mean to me to be a good friend?* • *How would I like my friendships to be?* My *Values* _____ _____ _____ _____	• Join a club to meet others who share my interest in photography • Go out for lunch with coworkers • Chat with friends on social media My *Goals* _____ _____ _____
Career/employment _____ Check here if this domain is not important to your values, and skip to next domain.	• *What type of work would I like to do?* • *What type of worker would I like to be?* • *How would I like my work relationships to be?* My *Values* _____ _____ _____ _____	• Attend conference and network with potential employers • Apply for jobs • Ask my boss for increased responsibility at work My *Goals* _____ _____ _____

Domain	My Values	My Goals
Education, learning, and personal growth ____ Check here if this domain is not important to your values, and skip to next domain.	• What would I like to learn more about, and why? *My Values* _____ _____ _____ _____	• Apply for an MBA program at my local university • Take a cooking class • Take private piano lessons *My Goals* _____ _____ _____
Recreation, leisure, and fun ____ Check here if this domain is not important to your values, and skip to next domain.	• What recreational areas are of interest to me? • How would I like my recreational life to look? *My Values* _____ _____ _____ _____	• Go on a singles cruise • Spend time on a beach or reading in the park down the street • Eat dinner in a busy restaurant *My Goals* _____ _____ _____

Life Domains	Values	Examples of Goals
Spirituality (refers to whatever "spirituality" means to you) _____ Check here if this domain is not important to your values, and skip to next domain.	• How would I like my spiritual life to look? _My Values_ _____ _____ _____ _____	• Attend religious services (for example, a church, synagogue, or mosque) with my children • Take a meditation class • Commune with nature (for example, go hiking) with a friend _My Goals_ _____ _____ _____
Community participation _____ Check here if this domain is not important to your values, and skip to next domain.	• What role do I see for myself in my community? • Why is community involvement important to me? _My Values_ _____ _____ _____ _____	• Participate in this year's local neighborhood block party • Canvas for my favorite candidate for mayor • Volunteer at a homeless shelter _My Goals_ _____ _____ _____

Health/physical well-being	• What matters most to me with respect to health (for example, diet, exercise, sleep, smoking, and so forth)?	• Make an appointment for that physical exam I have been putting off
_____ Check here if this domain is not important to your values, and skip to next domain.	*My Values* _____ _____ _____ _____	• Join a gym and work out three times per week
		• Stop drinking alcohol to manage my anxiety
		My Goals _____ _____ _____ _____
Other (for example, art, aesthetics, the environment, or any other domains you can think of)	*My Values* _____ _____ _____ _____	*My Goals* _____ _____ _____ _____

Taking Action

Now that you've identified specific values and goals, the next step is to decide what changes you are willing to make to live a life that matches them. In coming up with a plan for change, it may be helpful to review the work you did in chapters 7 and 8. Your action plan may overlap considerably with some of the activities you did as part of your earlier exposure plan. A few reminders as you develop your action plan:

- Actions should be based on your values and your values-based goals.

- Actions should incorporate the mindfulness and acceptance-based strategies discussed earlier in this chapter (for example, observing any emotions, thoughts, and sensations without fighting, controlling, or judging them).

- Be aware of the things you can control (your behavior) and the things you cannot control (your internal experiences).

- Remember that change is a journey, rather than a destination. It's a process, not an end point.

Consider the case of Sam, whom you may remember from the epitaph exercise a few pages back. Sam identified several values and goals that were important to him. He was interested in politics and wanted to make a difference in his community by participating in local government. Sam also regretted his decision to turn down an offer to attend law school—he believed that a career in law would provide him with opportunities to make a meaningful difference in the world. Sam also wanted to be in a relationship and eventually to have a family. Based on these goals, what actions might Sam take?

Sam decided to take action in all three areas. First, he volunteered for the election campaign of a local mayoral candidate. In addition to getting involved in his community, this experience offered Sam an opportunity to meet a few new friends whom he stayed in touch with after the election was over. Second, Sam applied to law school a second time, this time making a commitment to follow through if he was accepted. Third, Sam posted a profile on an online dating site and began going on dates, with the goal of forging a meaningful relationship. Of these actions, dating was the most anxiety provoking for Sam, especially during the first few dates. However, he dealt with his anxiety mindfully—he was aware of it, but he didn't do anything to control or fight it. With repeated practice, dating got easier.

Now, let's get back to you… Because you read the earlier chapters of this book and have been doing the exercises, you've already been working on changing your behavior. Are there changes that you haven't yet made that are important to you, taking into account the core values and goals you identified earlier? Perhaps start with a simple question: What changes do you want to make right now, and what steps will you take to make them? Record your answers in the following table.

Changes I Would Like to Make	Actions to Help Me Make These Changes
1.	• • • •
2.	• • • •
3.	• • • •
4.	• • • •
5.	• • • •

Final Remarks

In this chapter we reviewed mindfulness and acceptance-based approaches to managing anxiety. They are designed to shift your stance toward your social anxiety symptoms, from needing to control your anxiety to being open to experiencing it. Acceptance-based strategies include tools for becoming more mindful (in other words, increasing your nonjudgmental, present-focused awareness of experiences), as well as for making a commitment to engage in personally meaningful behaviors that are consistent with your core values. These strategies complement those discussed in earlier chapters and can be integrated into the comprehensive treatment plan you developed in chapter 4.

There are many methods for facilitating acceptance, including the cognitive and behavioral strategies already discussed in this book. For example, in chapter 6 we discussed strategies for changing thinking. The goal of these strategies is not so much to encourage "control" over thinking, rather it's to encourage more flexible and balanced thinking by helping you look at feared situations from a range of different perspectives. You can use these strategies to demonstrate to yourself that it's okay to experience anxiety in social situations and that being judged negatively by others is a normal part of life. (Remember, nobody is liked by everyone!) Similarly, the exposure-based strategies discussed in chapters 7 and 8 facilitate acceptance by encouraging you to experience feared situations and sensations without trying to control or fight your discomfort. The strategies discussed in these chapters are not about exerting control, rather they are about facilitating flexibility and acceptance.

Communicating More Effectively

Are there times when your behavior communicates to others a message that's different from what you are trying to communicate? Do you freeze up in interviews? Do you tend to avoid eye contact when talking to other people? Does your body language tell others to *stay away*? Do you read your presentations verbatim so you don't make any mistakes? Do others often feel as though you aren't listening to them? Do people misinterpret your shyness as a sign of aloofness or a snobby attitude? This chapter is all about how to communicate effectively to get your message across the way you intend.

Getting Your Message Across

For some people, a consequence of avoiding social situations is never having the opportunity to master the communication skills that would help them deal effectively with others. For example, if your fear has stopped you from applying for jobs or asking people out on dates, you may not always know how to best deal with these situations (for example, what to say, what to wear, how to behave, and so on). The ability to interact effectively with other people must be learned, and, just like learning to play the piano or training to run a marathon, it takes practice. As you get more experience being in the situations you avoid and learning what works and what doesn't, your performance is likely to improve. This chapter provides ideas for enhancing the quality of your interactions with other people. Most of these strategies can be used during the course of your exposure practices (chapters 7 and 8).

As you read this chapter, there are a few important points to keep in mind. First, our purpose in writing this chapter is not to suggest that you lack social skills. In fact, most people we have worked with who have problems with social anxiety have fine social skills. If anything, your social and communication skills are probably much better than you think they are. Rather, our aim is to help you increase your awareness of the different ways your behavior may impact others and to change specific behaviors where appropriate.

Second, you should bear in mind that no one has perfect social skills. What works best in one situation or with one group of people may not work well in another situation or with another group. For example, the best way to ask one person out on a date may cause a rejection

from someone else. Although a particular interview style may help you get one job, it may work against you in a different job interview or with another interviewer. In other words, no matter how well developed your social skills are, they can never be perfect. Like everyone, you will continue to stumble from time to time, and occasionally you will make a bad impression.

Finally, the strategies described in this chapter should not be thought of as rules to be followed by everyone. Rather, they are suggestions and guidelines that you may find helpful in some situations. For example, we suggest that some people may interpret certain types of body language (for example, standing too far away from another person during a conversation) as a sign of aloofness, or that you are uninterested in talking. However, standing too close may cause other people to feel uncomfortable. Unfortunately, it's very difficult to determine the ideal amount of personal space. Different people prefer different amounts, and personal-space preferences also vary across ethnic groups and subcultures. That is, for some groups, standing quite close to the person with whom you're speaking is the norm. But in other groups that norm might cause great discomfort. Given that it is often difficult to know how to behave in a particular situation, it's best not to get too caught up in whether you are using these strategies perfectly or whether you're making a perfect impression on others.

The following table outlines the communication skills we will discuss in this chapter. As you read through the list, note the specific skills you are interested in improving.

Skill	Examples
Listening skills	• Listening carefully to others when they speak instead of comparing yourself to them, ruminating about what you will say next, and so on
Nonverbal communication skills	• Making appropriate eye contact when talking to other people • Attending to body language • Standing at an appropriate distance to other people during conversations • Smiling appropriately • Speaking with a confident tone and a volume level that others can hear
Conversation skills	• Starting and stopping conversations • Keeping conversations flowing • Not putting yourself down in front of others • Not apologizing unnecessarily • Disclosing information about yourself when appropriate

Interview skills	• Preparing for interviews
	• Deciding what to wear
	• Anticipating the interviewer's questions
	• Preparing questions to ask
	• Knowing what to do after the interview is over
Assertiveness skills	• Communicating assertively rather than too passively or too aggressively
	• Asking for what you want
	• Dealing with conflict, particularly with people with whom you disagree or who might be angry or hostile toward you
	• Learning the difference between imposing on others' time and privacy versus making a reasonable request for help or social contact
Skills for meeting new people and dating	• Basic manners
	• Finding people to date
	• Asking someone to lunch or dinner
	• Generating conversation topics
	• Ending a date gracefully
	• Dealing with rejection
Public speaking and presentation skills	• Engaging the audience
	• Designing slides and other audiovisual aids
	• Organizing your talk
	• Handling questions from the audience

Of course, it is impossible to thoroughly cover all these topics in a single chapter. Indeed, numerous books have been written about each of these domains (presentations, interviews, dating, assertiveness, listening, and so on). We recommend that you consult some of the books cited throughout this chapter and in the "Recommended Books and Videos" section at the back of the book. In addition, there are a number of good books covering a wide range of topics related to social and communication skills, including *Messages: The Communication Skills Book* (McKay, Davis, and Fanning 2009), *The Messages Workbook: Powerful Strategies for Effective Communication at Work and Home* (Davis, Paleg, and Fanning 2004), and Robert Bolton's (1979) classic, *People Skills*.

As you practice the skills described in this chapter, it may be helpful to record some of your practices (especially those involving role-play simulations) on a smartphone or other video-recording device. You can then watch your performance to see if there are things you could have done differently. If you are feeling brave, you can also ask a trusted friend, relative, or colleague to provide constructive feedback on your performance. For many people, watching one's own performance or receiving feedback from others can trigger anxiety-related negative thoughts. If so, you can use the strategies in chapter 6 to combat negative thinking. Also, with repeated practice, watching yourself on video and receiving constructive feedback should get easier.

Finally, you may want to view online videos demonstrating various social behaviors. For example, http://howcast.com is a comprehensive website providing video instructions for just about any skill you might want to develop, from mailing a package to making candy. This site includes hundreds (perhaps thousands) of free videos on improving communication skills, including making eye contact, using body language effectively, sharing information online, apologizing, interviewing for jobs, and speaking in public, to name a few. YouTube is another good source for demonstrations and tips concerning various social skills.

Learning to Listen

Communication is a two-way street. Listening effectively when you are in a conversation, being interviewed, or participating in a meeting is as important as what you say. When you feel anxious, your attention tends to shift from the situation itself to your own experiences in the situation. In other words, you become aware of how you're feeling, and you begin to wonder whether your anxiety symptoms are noticeable to the other people in the room and whether those people are judging you negatively. At the same time, you become less aware of other aspects of the situation, including what other people are saying. By not concentrating on what others are saying, you may be reinforcing your uncertainty about whether your responses are appropriate. Often, even when you think you are listening, you may be only partially aware of what is being said.

There are costs to not listening. First, you may miss important information that the other person is trying to communicate. You may hear only the parts of the message that are consistent with your anxiety-provoking beliefs, thereby increasing your anxiety. For example, if you hear only your boss's negative comments during a performance evaluation and miss any positive feedback, you will undoubtedly feel worse than if you had heard the entire evaluation. Not hearing the entire message also may lead you to respond inappropriately, sometimes to something completely different than what was actually said. Furthermore, the other person may sense that you are not listening to what is being said. As a result, that person may perceive you to be aloof, distracted, or bored by the conversation.

Blocks to Effective Listening

In *Messages: The Communication Skills Book* (2009), authors McKay, Davis, and Fanning list a number of factors that frequently interfere with our ability to listen to others during conversations, meetings, arguments, and other types of social interactions. Of these listening blocks, five are especially common when people feel anxious in a social situation:

- **Comparing yourself to the other person.** We all compare ourselves to others as a way to evaluate our own behavior and accomplishments. However, excessive social anxiety is associated with the tendency to do this more often, to make unfavorable comparisons (for instance, comparisons with those who are more successful in a particular dimension), and to feel bad after making such comparisons (Antony et al. 2005). The tendency to make negative comparisons while conversing (for example, criticizing yourself with unspoken comments, such as *I'm not as smart as he is* or *She is more attractive than I am*) can interfere with your ability to listen to and hear what is being said.

- **Filtering what the other person says.** *Filtering* involves listening only to certain parts of what the other person is saying. In social anxiety, this can involve paying attention only to those parts of the conversation that seem to indicate that the other person is being critical or judgmental (in chapter 6, we discussed how people selectively attend to information that confirms their beliefs, which is similar to filtering).

- **Rehearsing what to say next.** People who are overly concerned about saying the right thing during conversations or meetings may mentally rehearse how they will respond to other people's comments rather than truly listening to what is being said. Although the purpose of mental rehearsal may be to make sure you say the right thing, it may have the opposite effect—by distracting you from the conversation—and can be a problem if used too often.

- **Derailing the conversation.** *Derailing* involves switching the topic of conversation when it becomes either boring or uncomfortable. In social anxiety, derailing may take place when the conversation moves into anxiety-provoking areas. For example, if a coworker asks you about your weekend and you're embarrassed to admit that you stayed home alone all weekend, you might shift the conversation back to a work-related topic, rather than disclose what you perceive to be overly personal information. Derailing can make the other person feel as though you are not listening or are not interested in the conversation.

- **Placating the other person.** *Placating* involves agreeing with the other person regardless of what he or she says in order to avoid conflict. Because social anxiety is associated with a fear of being disliked or negatively judged, people who are socially anxious often go out of their way to agree with others. However, most people don't expect to

have others agree with them all the time. If you always agree with whatever is said, the other person may become suspicious about whether you're really listening.

Improving Your Listening Skills

The authors of *Messages* (McKay, Davis, and Fanning 2009) provide a number of suggestions for improving listening skills. First, they suggest that effective listening should involve active participation rather than just sitting quietly and absorbing the information. *Active listening* involves maintaining appropriate eye contact, paraphrasing what the person has said ("So, in other words, what you are saying is…"), asking for clarification (asking questions to help you understand what was said), and providing the other person with feedback (or your reactions to what he or she said). Whenever possible, feedback should be immediate (as soon as you understand the communication), honest (reflecting your true feelings), and supportive (in other words, gentle and unlikely to be hurtful).

In addition, it's important to listen with empathy. Being *empathic* means conveying the idea that you genuinely understand the other person's message, as well as the feelings he or she is experiencing. As discussed in chapter 6, there are many ways to interpret a given situation. By trying to understand another person's perspective, you'll be better able to listen and to communicate that fact. Note that it is not necessary for you to agree with the other person's perspective—just to understand it. However, even when someone says something that you believe to be completely incorrect, you probably can identify at least a small part of the message that is true. Letting people know that you understand their perspective conveys empathy, even if you don't agree with the overall content of what was said.

Finally, effective listening requires listening with openness and awareness. *Openness* involves listening without trying to find fault. *Awareness* involves (1) being aware of how a communication fits in with your own knowledge and experiences, and (2) being aware of any inconsistencies in the verbal message itself and the nonverbal aspects of the communication, such as tone, posture, and facial expressions.

Effective Listening Exercise

The next time you're in a conversation, try some of these effective listening skills:

1. Make eye contact during the conversation.

2. Paraphrase what the other person says, and ask for clarification if you're unsure about any aspect of the communication.

3. Give feedback when appropriate, making sure that your feedback is immediate, honest, and supportive.

4. Finally, make sure that you are listening with empathy, openness, and awareness.

After trying these skills in a real-life situation, list on the lines below any ways that the communication experience differed from your usual conversations. Did the conversation last longer? Was it more gratifying? Did the other person respond differently to you? Did you experience less anxiety than usual?

_____

_____

_____

Nonverbal Communication

When you feel anxious in a social situation, you probably engage in behaviors designed to subtly avoid communicating with others, including avoiding eye contact, speaking very quietly, or even avoiding the situation entirely. Despite your efforts to avoid communication, however, it's virtually impossible *not* to communicate. In fact, what you actually say in words during a conversation makes up a small component of the messages you communicate to others. Nonverbal aspects of communication, including your physical distance from others, eye contact, posture, tone of voice, and vocal volume, communicate at least as much information as your verbal messages. In fact, even when you completely stay away from a feared social situation, you communicate a message to others. For example, by repeatedly avoiding meetings at work, others may assume that you are shy, uninterested, irresponsible, or unfriendly.

Despite wanting others to respond positively, people who are shy or socially anxious often exhibit nonverbal behaviors that communicate "Stay away from me" to others. Examples of these nonverbal behaviors include leaning back or standing far away from other people, avoiding eye contact, speaking quietly, crossing your arms over your chest, clenching your fists, and maintaining a serious facial expression. Although you may believe that these behaviors protect you in anxiety-provoking situations, they tend to have the opposite effect.

Instead of protecting you from potential threat or from being judged, these behaviors probably increase the likelihood that others will react negatively. For example, at parties, people are most likely to approach someone who is smiling, making eye contact, and talking at a noticeable volume. When someone stands far away, speaks quietly, and avoids eye contact, it's natural to assume that the individual is either uninterested in speaking or difficult to get to know.

Of course, moderation is the key. Too much eye contact can make others uncomfortable. In addition, someone who stands too close or smiles at inappropriate times may make others feel uneasy. Unfortunately, it is impossible to specify the appropriate intensity for each of these behaviors because so many variables play a role. What works in one situation is not necessarily appropriate in another. For example, although it's okay to stand several inches away from a romantic partner during an intimate conversation, you probably want to stand farther back when talking to a coworker. With respect to nonverbal communication, there are differences across gender and cultures, too. Therefore, we suggest that you experiment with different non-verbal behaviors to find out what works best for you in the situations you encounter.

Closed nonverbal behaviors close the channels of communication by sending the message that you are unavailable. These closed nonverbal behaviors are often associated with social anxiety:

- Leaning back while sitting (versus leaning forward)

- Standing far away from another person (versus standing closer)

- Avoiding eye contact (versus making appropriate eye contact)

- Speaking quietly (versus speaking at a volume that is easily heard)

- Crossing arms (versus keeping arms uncrossed or making hand gestures)

- Clenching fists (versus keeping hands open)

- Maintaining a serious facial expression (versus smiling warmly)

- Speaking with a timid tone (versus speaking with a confident tone)

- Sitting hunched over (versus sitting up straight)

Open Behaviors Exercise

Do you tend to overuse any of the closed behaviors listed above? If so, over the next week, try to replace some of them with open behaviors during your exposure practices. Record your experiences in the space below. For example, record whether people react differently to you when you smile more, make eye contact, or speak more loudly.

Conversational Skills

Do you often struggle to find things to say when making casual conversation or small talk? Do you keep quiet at parties or meetings because you find it difficult to contribute to conversations? When you do get involved in a conversation, perhaps you find that the discussion fizzles quickly, as you and the other person run out of things to say. In this section, we discuss ways of starting and ending conversations, as well as methods of improving the quality of your conversations. These suggestions may be adapted for different types of conversations, including talking to a coworker or classmate, getting to know someone on a date, or speaking with a stranger while waiting in line.

Keep in mind that the suggestions in this section are not always going to work smoothly. For example, if you start talking to someone in an elevator, the person may respond positively or may frown and ignore you. If an individual responds negatively when you try to make contact, remember that it's not necessarily because you did something wrong. The other person may be shy or concerned about his or her safety (having been raised never to talk to strangers). Also, it's possible that your communication will be misunderstood. If things don't work out during a particular practice, try to understand why and to figure out what you can do differently next time. Learning from your experiences will help you to plan future practices that are more likely to work out satisfactorily.

Finally, if you want to learn more about making conversation, there are lots of good books on the topic. One of our favorites is the third edition of Alan Garner's classic guide, *Conversationally Speaking: Testing New Ways to Increase Your Personal and Social Effectiveness* (1997).

Starting a Conversation

Although starting a conversation can be difficult, it often becomes easier with practice. Opportunities to start conversations are everywhere. For example, people often speak to strangers in grocery store lines, elevators, and other public places, or on buses, subways, and airplanes. People talk to others at parties, weddings, funerals, and work functions. At parties it is perfectly appropriate to walk up to a group of people who are already talking. After a minute or two of standing around with the group, you can join in the conversation. If you are a college student, sitting in the same area of the classroom, so you'll have repeated exposure to some of the same students, can increase the opportunity for casual conversation. Also, arriving early so you can chat with others before class starts also works.

The topic of conversation can begin with something friendly and not too personal (this is particularly important if you don't know the other individual very well). You may begin with a question (something like, "How was your weekend?"), a compliment ("I like your new haircut"), an observation ("I notice that you're not driving your usual car"), or an introduction ("I don't believe we've met. My name is…"). Other appropriate topics include hobbies, your job, a movie

or TV show you recently saw, the weather, something you recently read, your vacation, a recent shopping trip or outing, and sports. After you've been talking for a while, it may be appropriate to discuss more controversial topics, such as politics, relationships, personal feelings, difficult family situations, and sexuality. However, you should introduce topics such as these slowly, and gauge the other person's reactions before deciding how far to take the conversation. Try to avoid getting too personal, unless you know the other person well or the other person is disclosing similar types of personal information. At a party or on a first date, it's fine to talk about your work or what your parents do for a living, but it is usually best to stay clear of weighty topics (such as past sexual assault, a recent history of depression, and so on).

Improving the Quality of Your Conversations

Here are a few tips for improving your conversations:

- **Conversations are two-way streets.** It's not enough to just listen to another person. Nor is it appropriate to talk only about yourself without giving the other person a chance to speak. Of course, there are exceptions. There are some people who are very happy to have you do all the talking or for you to allow them to do all the talking. However, for most of us, a conversation is far more interesting if we have the opportunity both to express our own thoughts, feelings, and experiences and to listen to another person's views and experiences.

- **Use active listening skills.** The active listening skills described earlier in the chapter will enhance the quality of your conversations. In particular, be sure to reflect back that you understand what the other person is saying.

- **Disclose some (but not too much) information about yourself.** As mentioned earlier, the information you disclose should not be overly personal at first. Instead, you can start by talking about your weekend's activities, your favorite sports team, a movie you recently saw, or a class that you're taking.

- **Show interest in the other person.** For instance, follow up what the other person says by asking for clarification or requesting more details.

- **Try a light touch.** In some situations, it may be appropriate to touch the other individual (for example, a light touch on the arm). However, only use touch if it can be done naturally, in a way that doesn't seem overly forced. Note that the appropriate use of touch varies between men and women and across cultures. It may also be frowned on in professional settings.

- **Pay attention to detail.** When telling stories, take your cues from others when trying to decide how much detail to include. See how detailed others are being in a

conversation, and model your own level of detail after them. If you notice that others are starting to look bored or look at their watches while you tell a story, take that as a sign that it's time to wrap it up. On the other hand, make sure your conversation is not completely devoid of details. Either too much detail or not enough detail can make a conversation less engaging.

- **Give and receive compliments.** When complimenting others, make sure you are honest (don't say you like something if you don't), and don't overdo it. Although it's nice to receive a compliment from time to time, it can be uncomfortable to receive too many compliments or those that feel undeserved. If you receive a compliment from someone else, simply say "Thank you." Don't discount the compliment or make the other person feel bad for giving it.

- **Pay attention to your nonverbal behaviors.** For example, make appropriate eye contact and speak so the other person can hear you.

Asking Questions

Asking people questions communicates your interest in what they have to say. You can ask about experiences (for example, "How was that restaurant you went to last night?"), or you can ask for reactions to something you've said. If possible, use open-ended questions rather than closed-ended questions. A *closed-ended question* is one that elicits a response of only one or two words. For example, the closed-ended question "Did you like the movie?" could easily lead to yes or no responses, at which point you would be back at square one, trying to find another topic of conversation. Closed-ended questions usually begin with words such as "are," "do," "who," "when," "where," and "which."

In contrast, *open-ended questions* usually elicit more detailed answers and are more likely to generate longer and more interesting conversations. This type of question usually begins with words or phrases such as "how," "why," and "in what way." For example, the question "What did you think about the movie?" draws out a more thorough response than "Did you like the movie?" The following table provides examples of closed-ended and open-ended questions.

Closed-Ended Questions	Open-Ended Questions
Did you have a good weekend?	What did you do this weekend?
Who is your favorite candidate?	What do you like about the different candidates?
What do you do for a living?	How did you get into your current line of work?
Do you like your psychology professor?	Why do you like your psychology professor?

Note that some open-ended questions may elicit a closed-ended response. For example, questions like "How are you?" or "How was your day?" typically lead to a one-word response, such as "fine."

Ending Conversations

All conversations eventually come to an end. Furthermore, in informal social situations (at a party, on a date, on the phone), conversations almost always end because one or both people lose interest in what is being talked about, or they reach the point at which they would rather be doing something else or talking to someone else.

If you are especially sensitive to rejection, you may become more anxious as a conversation nears its end. Or you may be hurt if you think that the other person seems less interested in continuing to converse. Nevertheless, if you begin to pay attention to other people's conversations, you will notice that all discussions reach a point at which there is little more to be said. Sometimes this point is reached in a few seconds. Other times, it may take a few minutes or even an hour for a particularly interesting conversation to end. Running out of things to talk about isn't a failure, and it doesn't mean that you're boring. It is a normal stage in most conversations.

Typically, people try to find graceful ways to get out of conversations that have run their course. At a party, you might excuse yourself to refill your drink or visit the bathroom. Or, it may be appropriate to mention politely that you need to catch up with another person at the party. In a work setting, people often end conversations with a reference to work (for instance, "Well, I need to get back to work") or a pledge to continue the conversation later (for example, "Perhaps we can have lunch together soon"). Often, simply saying something like "It's been nice talking to you, but I need to run" is sufficient. If you have enjoyed the conversation, you can let your conversation partner know that ("I've really enjoyed talking to you. I hope we get a chance to talk again.").

Conversations Exercise

Try using some of these strategies the next time you're having a conversation. If you rarely encounter situations that allow for conversation, you may need to go out of your way to seek them out. During the practice, pay special attention to your use of the strategies for starting the conversation, improving the quality of the conversation, and ending the conversation. In the spaces below, record your experiences using these strategies for each phase of the conversation.

Starting the conversation:

Improving the quality of the conversation:

_____

_____

_____

Ending the conversation:

_____

_____

_____

Job Interviews

Most people feel somewhat nervous when being interviewed for a job. In fact, showing no signs of anxiety could work against you. For example, the interviewer might interpret it as a sign that you are overconfident or disinterested. But if you're particularly anxious in social situations, interviews may be even more anxiety provoking for you than they are for the average person. Chapter 6 reviewed cognitive strategies for changing the beliefs that contribute to your anxiety in situations such as interviews. Chapters 7 and 8 recommended exposure practices (using both real interview practices and role-play simulations) as a strategy for learning to become less anxious during interviews. In this section we provide additional suggestions for improving interview skills. These suggestions are meant to be used with the cognitive and exposure-based techniques discussed in earlier chapters.

Essentially, being prepared for an interview involves knowing what to do before the interview, how to behave during the interview, and what to do when the interview is over. We provide suggestions for each of these phases. For a more detailed discussion of this topic, we recommend _Messages: The Communication Skills Book_ (McKay, Davis, and Fanning 2009), as well as several other excellent resources in the "Recommended Books and Videos" section at the end of this book.

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Preparing for the Interview

Here are some suggestions for preparing for an interview:

- Practice interviewing with friends and family members. Also, practice interviewing for other jobs that are of less interest to you. As we discussed in chapters 7 and 8, these practices will help to decrease your anxiety when you are in a real interview for a job you are really interested in.

- Keep the situation in perspective. Remember that it's only an interview. If it doesn't work out, there will be other opportunities. Think of the interview as a learning experience or an opportunity to improve your interviewing skills.

- Take time to understand the purpose of the interview, learn who will be interviewing you, what the structure of the interview will be, and how long the interview will run. If possible, find out the interviewer's name ahead of time, and make sure you remember it. If the former is not possible, pay attention when you are introduced to the interviewer, and try to use the person's name when you say good-bye.

- Learn as much as possible about the organization or company and the person who is interviewing you. If the organization has a website, make sure you study it carefully. You may be able to learn about your interviewer beforehand, from the organization's website or from social media sites (for example, LinkedIn). Being knowledgeable about the organization during the interview will show that you're interested in the position.

- Take some time to identify your strengths, and have a good idea of what you can contribute to the organization, in case you're asked. You may want to take some notes with you so you don't forget to mention something that you think is relevant or important.

- If you are asked about your weaknesses or limitations, there is no need to list every flaw that comes to mind. Instead, mention one or two limitations, phrasing them in such a way that the interviewer is unlikely to see them as problems that cannot be solved. For example, you can choose to focus on a minor limitation in your experience or training that is unlikely to be viewed as serious. Or, you can deflect the question by talking about a limitation that you had in the past that is no longer a problem (something like, "When I first started my previous job, I didn't have much experience working with computers. However, over the past few years, I got a lot of computer experience, so that's not an issue anymore"). However, don't emphasize limitations that could be viewed as weaknesses in your character or a reflection of your work habits (for example, "I get angry easily" or "I'm very unorganized"), since potential employers may view these as harder to change. Also, avoid answering a question about your weaknesses with a response about how you work too hard (for instance, "I tend to work too hard,

so I need to remind myself to take breaks"). This is a cliché response that employers will see through (no employer would see that as a weakness). For more ideas on how to answer difficult interview questions, check out Ron Fry's book *101 Great Answers to the Toughest Interview Questions* (2016).

- Prepare at least ten questions you can ask during the interview. Write them down so you won't forget. For example, you should consider asking questions about the types of responsibilities that you're likely to have, the hours you'll be expected to work, who you'll be working with, and the structure of a typical day. Generally, you should ask questions about salary, vacations, and benefits after you receive an offer, although for certain positions it may be appropriate to ask these questions during the interview, particularly if the interviewer brings these topics up.

- Bring extra copies of your résumé and other supporting documents, in case the interviewer doesn't have easy access to these materials or wishes to share your résumé with someone else in the organization.

During the Interview

So, your interview day has arrived. Here are some suggestions for how to make the most of it:

- Under no circumstances should you be late. Give yourself enough time to arrive at the interview a bit early. If you are unfamiliar with the interview location, be sure to visit the site prior to the interview so you know how to get there.

- Your appearance is important. Make sure that you're dressed attractively and that your hair is neat. Note that appropriate attire for one job interview may be quite inappropriate for another. If you're not sure what to wear, err on the side of dressing in a more conservative and professional manner.

- Remember to use some of the strategies discussed earlier in this chapter. For example, really listen to what the interviewer asks or tells you. Pay attention to your nonverbal communication, and try to maintain appropriate eye contact.

- Be courteous, polite, and tactful. Remember to say please and thank you. Don't disparage the organization, the interview process, or the person interviewing you. In fact, avoid appearing overly negative about previous jobs and employers, even if you were unhappy with them.

- Appear flexible and willing to compromise. For example, if the hours aren't perfect, let the interviewer know that you'll do what you can to accommodate the schedule. After

you get the offer, you can renegotiate the hours. If it doesn't work out to your satisfaction, you can always turn down the position.

- Ask questions. A job interview has two purposes: (1) to allow the interviewer to decide about you, and (2) to give you an opportunity to decide whether you want to work for that particular organization. Make sure you ask questions during the interview. Not only will asking questions help you find out more about the position, but it will also convey to the interviewer that you are serious about the job.

- In general, be yourself during the interview and answer questions honestly. However, don't offer too much unnecessary personal information. For example, if the interviewer asks whether you are nervous, it's okay to say that you are feeling a bit anxious. On the other hand, there is no need to provide details about any personal difficulties or stresses that you may be experiencing, including frequent panic attacks, depression, or marital problems.

- At the end of your interview, ask the interviewer what the next steps are. For example, will the organization be interviewing other candidates? When can you expect to hear a decision? Is there likely to be a second or third interview for finalists?

After the Interview

Your work isn't quite over once the interview ends. Here are a couple of suggestions for after the interview has ended:

- After the interview, send an e-mail, letter, or card thanking the interviewers for their time.

- Take some time to think about what went well during the interview and what you might have preferred to do or say differently. This information will be helpful for planning your next interview if you don't get the job.

Communicating Assertively

This section will help you to understand the differences between three types of communication: passive, aggressive, and assertive. Passive and aggressive styles of communication rarely have the desired effect; assertive communication is more likely to get positive results. This section will introduce you to methods to ensure that you communicate assertively.

Passive Communication

Shy and socially anxious people often communicate passively. *Passive communication* involves expressing one's needs indirectly, often in a quiet voice and perhaps with frequent pauses and hesitations. For example, the vague "We should get together sometime" is a passive way of inviting someone to socialize. People who communicate this way may have a strong desire to avoid offending or inconveniencing the other individual. Passive communication places the other person's wants, needs, and desires ahead of your own. However, because your message is not communicated directly, the other person may never receive the intended message. Therefore, passive communication closes the channels of communication and may cause hurt and resentful feelings. In fact, this resentment may put you at risk for communicating in an aggressive manner later on.

Aggressive Communication

Aggressive communication involves expressing your feelings, needs, or wants at the expense of another person's feelings, needs, and wants. Aggressive communication tends to be judgmental, critical, and accusatory, both in content and tone. Like passive communication, it closes the channels of communication and can result in hurt feelings, grudges, anger, and alienation from the other person. "If you cared about me and weren't so selfish, you would invite me to get together more often" is an example of an aggressive way to ask someone to socialize.

Assertive Communication

People often assume that passive and aggressive styles of communicating are their only two options. However, there is a third option. *Assertive communication*, in contrast to the aggressive and passive styles, takes into account your feelings, needs, and wants, as well as those of the other person. Assertive communication and good communication share many features, including a tendency to be direct, clear, and immediate. For example, "Would you like to see a movie with me this weekend?" is an assertive way to invite someone to socialize.

In addition, assertive communication should include actively listening to the other person's perspective (including trying to hear and understand the other person's point of view, validating the other person's feelings, asking for clarification, and so on). Although assertive communication does not guarantee that you will get your way, compared to aggressive and passive styles, the assertive style is more likely to keep the channels of communication open and to maximize the chances of reaching a mutually satisfactory resolution.

Dealing Assertively with Conflict Situations

If your goal is to convince someone else to change a behavior, an appropriate way of doing that is to make sure that your message is neither passive nor aggressive. Instead, you should try to communicate your message in a way that is factual, direct, and empathic.

Begin by describing your observations regarding the situation. *Observations* reflect your perspective on the facts, rather than your interpretations of those facts. Observations should be based on reality and therefore are usually very difficult to argue with. For example, "You arrived home too late" is not an observation because whether the person's arrival is "too" late is open to interpretation. However, "You arrived home an hour later than you said you would" is an observation (assuming it's true) and is therefore less likely to lead to a defensive response from the other person.

After describing your observations, the next step is to describe your feelings about the situation. *Feelings* are emotions, such as anger, anxiety, worry, and sadness. Feelings are not thoughts. For example, "I feel that you should not be late" is not really a feeling statement. In contrast, "I feel hurt and worried when you arrive home later than you say you will" is a feeling statement. As is the case with communicating your observations, it's difficult to argue with a feeling statement. Only you know how you really feel.

Finally, it's important to communicate the ways you would like things to change. To follow the earlier example through, you might say, "I would like you to phone me if you are going to be more than thirty minutes late."

After you communicate your message in terms of these three components, you need to make sure that you give the other person a chance to express his or her perspective on the situation. Make sure you take advantage of the active listening skills that we discussed earlier in this chapter.

In addition to these basic assertiveness skills, there are a number of other strategies that may help you to deal with conflict situations:

- Make sure that you choose an appropriate time to talk about the situation. Don't put it off indefinitely. On the other hand, don't talk about the issue during the height of your anger. Also, don't insist that the issue be discussed right away if the other person is busy or unwilling to talk. Sometimes it's best to schedule a meeting to discuss the matter at a mutually convenient time.

- Make sure that you challenge the beliefs that contribute to your anxiety, anger, or hurt. As discussed in chapter 6, our feelings are influenced by our beliefs, and our beliefs may be exaggerated or unrealistic at times. In other words, the situation may not matter as much as you think it does. When discussing the situation with the other person, try to maintain your cool by thinking about the situation realistically.

- Before confronting a situation, decide whether it's worth it. Is it a situation that matters? Will it take care of itself, even if you don't say anything? For example, if your difficult neighbors are moving away next week, perhaps it's not important to complain about the way they maintain the lawn.

- Try bouncing your thoughts off a neutral third party. Hearing another person's views regarding the issue may help you to see things in a different way. This can be particularly useful to determine whether your expectations about the situation are distorted.

- Try to understand the other person's perspective. Like you, the other individual is just trying to survive the best way that he or she can. Feelings of threat or hurt often trigger hostility and anger. If you develop an empathic understanding of the other person's perspective and beliefs, you'll have a greater chance of finding a compromise and resolving the conflict, particularly if the other person can see that you're genuinely trying to understand.

- Consider writing an e-mail or letter to the other person. Sometimes it's easier to communicate thoughts and feelings in writing. However, even in a letter you should use an assertive communication style rather than a passive or aggressive one, and be mindful that messages in writing can sometimes be misinterpreted.

Meeting New People, Making Friends, and Dating

In this section, we discuss ways to improve the skills that are important for meeting new people and developing new relationships. Among other topics, we suggest good places to meet new people and ways to deal with some of the stresses associated with developing relationships, such as the possibility of being rejected.

Places to Meet New People

In a survey of more than three thousand Americans, Laumann and colleagues (1994) identified the most common ways that married people met their spouses: being introduced by a friend (35 percent), introducing oneself (32 percent), being introduced by a family member (15 percent), being introduced by a coworker (6 percent), and being introduced by a classmate (6 percent). The most common places for married individuals to have met their spouses included school (23 percent), work (15 percent), a party (10 percent), a church or other place of worship (8 percent), a bar (8 percent), or a gym (4 percent). Although since this survey was conducted it has become much more common for people to meet online (we will have more to say about

online dating shortly), many individuals continue to meet people in these and other more traditional ways.

There are many relatively easy ways to develop new friendships or to meet a potential partner. Some examples include taking up a hobby (for example, joining a photography club or a theater group), getting involved in a sport (joining a bowling league, a running club, or a hiking group), getting in shape (lifting weights in a gym, joining an aerobics class, taking swimming lessons), taking dance classes, volunteering for an organization, forming a book club or reading group, attending public lectures, taking a part-time job, enrolling in an adult-education course, or traveling (perhaps with a group).

The best way to meet new people is to do the things that you enjoy doing. That way you're likely to meet people who enjoy the same things you do. For example, if you don't enjoy drinking alcohol or spending time in bars, you should think twice about trying to meet people in bars. At a bar, you are likely to meet people who *do* enjoy going to bars. You should also keep in mind the types of people you're likely to meet by getting involved in a particular activity. For example, if you want to meet people close to your own age, get involved in activities that attract people in your age group. The website https://www.meetup.com is a good place to find and join groups of people who share your interests.

It's not enough to just be around other people. To get to know them, it will be necessary to take social risks. For openers, you should maintain appropriate eye contact, make a point of saying hello, and be sure to smile from time to time. Casual contact is more likely to develop into a friendship or relationship if you purposely engage in conversation. As you get to know someone, you will need to take bigger risks, such as asking that person to meet you for coffee, to go to a movie, or to join you for a day's outing to a park or a museum.

Meeting People Online

Since the mid-1990s, the number of people meeting partners through the Internet has risen dramatically, whereas the number meeting partners in more traditional ways has fallen. A survey of more than four thousand individuals in the United States (Rosenfeld and Thomas 2012), conducted in 2009, found that the Internet is now one of the most common ways for couples to meet—less common than meeting through friends and essentially tied with meeting in bars, restaurants, and other public places, the next most common method. Nearly 25 percent of the people participating in this study reported meeting their partners online. A Pew Research Report (Smith and Anderson 2016) based on a 2015 survey found that 59 percent of adults agreed with the statement that "online dating is a good way to meet people." The same study found that online dating is now common among most age groups, and eighteen-to-twenty-year-olds use the forum the most, with 27 percent reporting that they had used an online dating site or mobile dating app.

In addition to meeting potential partners, the Internet is a popular way to meet new friends. An anonymous survey of 191 college students (Knox et al. 2001) found that friendship (as opposed to dating) was the most important reason for using the Internet. In this survey, 60 percent of respondents reported that they had successfully established on online friendship, and about 50 percent said they were more comfortable meeting people online than in person. However, 40 percent reported having lied online! In recent years, online social-networking sites, such as Facebook and Instagram, have become popular ways to meet friends and keep in touch. Of course, it's important not to use online relationships as a replacement for in-person relationships. Rather, you should view online relationships as a stepping-stone to meeting people in person.

Dating Skills

Though it may seem otherwise, there are lots of potential partners out there, regardless of your age, gender, or sexual orientation. Furthermore, the idea that there is only one person who is your soul mate is a myth. There are many different people who are potentially excellent partners, each having very different qualities to bring to a relationship. Although it may sound like a cliché, it is often true that someone comes along when you least expect it, and often this occurs when you're not even looking. So, relax. Rushing the process can lead to feelings of disappointment or failure when a hoped-for relationship doesn't work out. There are several excellent guides to dating, a number of which are listed in the "Recommended Books and Videos" section at the end of the book.

PREPARATION

The first step in dating is preparation. What does preparation in this context mean? It means you figure out what you're looking for. What is the purpose of your search? Are you looking for a serious relationship, marriage and children? Or are you looking for a sexual partner? Companionship? A way to alleviate boredom? The purpose of the relationship will influence what kind of person you will seek and attract. For example, if you're looking for excitement, meeting someone who is aloof, mysterious, and gorgeous may be your aim. On the other hand, if you want a more serious relationship, you should emphasize qualities that will continue to be important to you after the thrill of a new relationship wears off, such as a sense of humor, shared values, kindness, honesty, stability, responsibility, and respect.

Despite the saying "opposites attract," the cliché "birds of a feather flock together" is probably closer to the truth. Generally, research in social psychology has found that people are most attracted to others who are similar with respect to values, appearance, interests, and other attributes. Being aware of your own interests and attributes will help you to know what you are looking for in another person. In addition, *being* the type of person who you would like

to meet will help you to attract that person. To meet the right person, you need to make a point of being in places where that person is likely to be. For example, if you're interested in meeting someone who loves reading, then make a point of spending time in the library, visiting bookstores, attending book signings, or joining an online book club.

NETWORKING

One very helpful activity for meeting new people is *networking*, which can be defined as an exchange of information or services among individuals or groups. As we mentioned earlier, many couples are introduced to their spouses by a third person. Therefore, let your friends and family know that you are interested in meeting someone. If nothing romantic develops, you may add to your circle of friends. By adding new friends (without actually giving up on old friendships), you will increase your chances of finding a partner.

FIRST DATES

When you do meet someone who interests you, the initial meeting can be quite informal. For example, you might go for a walk during a break at work, run an errand together between classes, or offer the person a ride home. After you've had more contact with the person, you could suggest a more formal outing, such as going out for lunch or dinner, seeing a concert or movie, or visiting a gallery or museum. If you are a student, you might suggest taking a class with the other person to increase your chances of having repeated contact.

On your date, pay attention to small details, especially your physical appearance and hygiene. Dress appropriately for the situation. Wear clothes you like, but err on the side of conservative or classic fashions if you are unsure of the other person's taste. In other words, don't wear your most outrageous outfit on a first date.

REJECTION

Be prepared for rejection. Much more often than not, a date does not lead to a long-term relationship. It's normal for one person to be more interested in pursuing a relationship than the other person. If the other individual ends up not wanting to continue the relationship, make sure that you keep the rejection in perspective (see chapter 6 for suggestions). A rejection doesn't mean that there is something wrong with you or that going out on dates will never lead to a long-term relationship. Rather, rejection speaks more to the fit between you and the specific person with whom things didn't work out. Experiencing some form of rejection is a necessary part of dating. The more dating experiences you seek out, the more rejection you will experience. However, increasing the frequency of your dates will also provide opportunities to improve your dating skills and increase the likelihood of developing a positive relationship in the future.

Presentations and Public Speaking Skills

This section provides a basic primer on public speaking and giving presentations, including suggestions for preparing for presentations or talks and improving their quality. For a more detailed treatment, we suggest that you check out the readings on public speaking in the "Recommended Books and Videos" section at the end of this book. Although most of these books emphasize business presentations, many of the suggested skills apply to other types, such as giving a speech at a wedding or a party. In addition to providing suggestions for how to organize and deliver presentations, most of these books also offer ideas for managing anxiety during presentations. *The Confident Speaker: Beat Your Nerves and Communicate at Your Best in Any Situation* (Monarth and Kase 2007) provides an excellent mix of information about presentation skills and anxiety management.

Preparing for Presentations

Preparing for presentations involves eight important steps: (1) identifying the purpose of the presentation, (2) determining the nature of the audience, (3) deciding upon the subject matter, (4) organizing the presentation, (5) making your talk interesting, (6) compiling supporting materials, (7) rehearsing the presentation, and (8) managing your anxiety.

STEP 1: IDENTIFYING THE PURPOSE OF THE PRESENTATION

Before preparing a lecture or speech, you must first be clear about the purpose of the presentation. Essentially, presentations can have one or more of the following functions:

- **To persuade.** For example, a presentation may be designed to sell a product or to convince a group of coworkers to change a procedure in the workplace.

- **To explain.** Examples include a half-day orientation meeting to explain company procedures to new employees, a lecture designed to teach a complex topic to a class of college students, or a seminar to provide in-depth information to colleagues about a particular subject.

- **To instruct.** Presentations like these may teach people how to perform a task (for example, use a new computer program) or to develop a new skill (for example, learn to dance).

- **To brief.** Some presentations are designed to brief an audience regarding some matter. Examples include a three- or four-minute presentation to update management about the status of union negotiations or to inform your customers about changes in the price of a product.

- **To entertain.** Presentations designed to entertain include theatrical productions (for instance, stand-up comedy) and speeches at weddings, anniversaries, or parties.

STEP 2: DETERMINING THE NATURE OF THE AUDIENCE

Before planning a presentation in detail, it is helpful to know something about the nature of your audience. In some cases, you may even need to ask audience members questions about their background at the start of the presentation and then adapt your style or content to meet their needs. Some helpful questions to consider include the following:

- How big is the audience?

- What is the likely composition (factors such as age, gender, professional background) of the audience?

- What is the audience expecting?

- How much does the audience already know? What do they still need to learn?

- Why is the audience attending the presentation—because they have to or because they want to?

STEP 3: DECIDING UPON THE SUBJECT MATTER

Before giving your presentation, you should have an idea of the main message that you want to convey. In most cases, the main point of the presentation should be simple and clear. The audience should be aware of the key points that you plan to make so they can understand the content of the presentation in the proper context. In most cases, it's helpful to pique the group's interest (perhaps with a joke, anecdote, or illustration) early in the talk. If the purpose of your presentation is to persuade the audience about some issue, you should ensure that you have gained their confidence (for example, by making the members of the audience aware of your expertise and credentials). A persuasive presentation should also include specific instructions on how to implement the suggestions you provide (for example, where to obtain the product you are selling).

STEP 4: ORGANIZING THE PRESENTATION

One of the most common suggestions for preparing a presentation is to pay close attention to the three phases of the talk: the introduction, the main body, and the conclusion. The introduction should include an overview of the presentation so audience members know what to expect. The main body should discuss the main content of the talk, with all the important

details. At the conclusion, you should provide a brief summary, as well as some interpretations and inferences about the content (for instance, why the presentation was important).

If possible, you should organize your presentation so it tells a story. For example, before describing a new method of performing some task, you might provide the audience with a history of how others performed that particular task in the past so they have a context in which to understand the new information. Or, you can describe a series of problems, each followed by one or more solutions. Of course, be sure to plan for the expected length of the presentation, so you don't end up with too much content or run out of material.

STEP 5: MAKING YOUR TALK INTERESTING

In addition to making sure that you convey your main points to the audience, it is important that you convey them in an interesting way. To help you do this, consider strategies such as humor, analogies, personal stories, examples, illustrations, and relevant statistics. Be careful not to use humor that could offend. You never know who is in your audience, and whether backgrounds, beliefs, or experiences might cause audience members to take a joke the wrong way. Another strategy is to involve audience members in some way. For example, you might ask them questions or encourage them to ask you questions during your presentation. Or you could have them do something (demonstrate the skill you are trying to teach, complete a survey, take a test, and so on). Supporting materials (discussed below) can also bring your presentation to life. People have short attention spans, so it's helpful to employ a variety of strategies to keep your audience engaged.

STEP 6: COMPILING SUPPORTING MATERIALS

Supporting materials often take the form of visuals (for example, PowerPoint slides and other projected images, videos, whiteboards, flip charts, CD ROMs, and so on). These visuals can include text, photos, illustrations, cartoons, graphics, and maps. Here are a few suggestions to keep in mind regarding supporting materials:

- If you are going to use cartoons, make sure they are funny. Ask friends, family members, or coworkers for their opinions about the cartoons you intend to use.

- In some cases, it may be helpful to have props. For example, if you mention particular books in your presentation, have copies with you for audience members to look at. If you are describing a product, display it during the presentation.

- If possible, provide handouts containing copies of your slides and other visuals so audience members can listen to you instead of having to take notes. Audience members generally appreciate getting handouts.

- Make sure your slides and visuals are attractive and that the type is large enough to be seen from the back of the room. Avoid the temptation to have too much information on slides and visuals. If you don't have much experience with slide design and content, there are numerous helpful guides, including *Slide:ology: The Art and Science of Creating Great Presentations* (Duarte 2008).

- Be sure to plan for any technical resources you might need. Examples might include a computer, projector, or screen for slides, speakers for audio or video clips, or Internet access for you or the audience.

STEP 7: REHEARSING THE PRESENTATION

If possible, rehearse your presentation beforehand. There are several ways to rehearse. Ideally, rehearse in front of an audience of friends, family, or coworkers, preferably in a location similar to where the actual talk will be held. Ask your rehearsal audience for feedback, and make changes to the presentation accordingly. If you cannot rehearse in front of a live audience, try rehearsing in front of a video camera and then watching the recording afterward. If that's not possible, practice out loud in front of a mirror. Be sure to note how long your presentation takes. As you gain more experience giving presentations, practicing beforehand will become less important.

STEP 8: MANAGING YOUR ANXIETY

Preparing for a presentation should also include strategies for managing your anxiety. Before the presentation, make sure that you have used cognitive strategies (chapter 6) to challenge your anxiety-provoking thoughts. In addition, make use of exposure-based strategies (chapters 7 and 8) to confront your fears whenever possible. When you're actually in the situation, be sure to breathe slowly and regularly. Overbreathing or holding your breath will increase your anxiety symptoms. Don't fight your fear. Just let the symptoms happen. Fighting your fear is likely to cause anxiety symptoms to intensify. It's okay to be nervous during a presentation. In fact, audience members often expect it. Depending on the nature of the presentation, it may even be helpful to tell the audience you are feeling nervous (for example, Oscar winners sometimes admit to feeling anxious during their acceptance speeches). Saying so may help calm you down, and it very likely will help win over the audience.

Delivering the Presentation

Here are some suggestions to keep in mind when you are giving a presentation:

- Pay attention to the way you deliver your speech. Before the talk, check any pronunciations you're not sure about. Make sure that your voice does not drop off at the end of your sentences. Be sure to project at a reasonable volume (imagine you are delivering your speech to the back wall of the room). Speak crisply and pronounce your words clearly. Avoid saying "uh" and "um." Finally, avoid speaking too quickly. Speaking too fast is one of the most common mistakes people make during presentations, particularly when they are feeling anxious.

- Make eye contact with various audience members (for two or three seconds, before moving on to another person) during the talk.

- Try to move around when you are speaking. Walk around the front of the room rather than staying planted at a podium. Don't put your hands in your pockets. Instead, gesture with your hands to emphasize key points. However, keep your hands away from your face and hair.

- Presentations are often less interesting when they are read verbatim. If you read a presentation word for word, you also run the risk of panicking if you lose your place. Instead, we recommend speaking from a detailed outline with lots of headings, bullets, and so on. An outline will ensure that all the information you need is available and easy to access, even if you lose your place. It will also force you to be somewhat spontaneous during the presentation. If the thought of not reading your speech is too scary, another option is to bring both an outline version and a fully written version. If necessary, you can switch to reading your presentation if using the outline alone isn't working.

- Don't talk down to your audience. They probably know more than you think they do. Even if the material is new to them, they will not appreciate being talked to like children—unless, of course, they are children! Make sure your tone of voice and the things you say are not condescending.

- Repeat the main points of the presentation frequently. Audience members will not hear everything you say, and if they miss an important point you may lose them for the rest of the presentation—unless you repeat the important points.

- Keep it simple. Don't try to discuss more than your time allows.

- Make sure you're prepared to handle questions. Consider bringing additional information (a reference book, notes, and so on) that you may need to answer certain questions. No matter how silly a question is, try to answer it tactfully and to show respect for the person asking the question (for example, "That's an interesting question . . ."). Finally, repeat all audience questions before you answer them. Chances are good that

people in the back of the room will not be able to hear some of the audience members ask questions.

• Be yourself during the talk. Audiences prefer a speaker who is down-to-earth and genuine rather than someone who looks as if he or she is trying too hard to entertain or impress the audience.

After the Presentation

Following your presentation, it is helpful to evaluate the quality of your performance, basing your evaluation on whether you followed the suggestions of this chapter. Don't base your self-evaluation on whether you were anxious during the presentation or whether your anxiety symptoms showed. The presenter's anxiety or lack thereof is only one small aspect of what makes a presentation effective.

Social anxiety is associated with the tendency to be an overly harsh critic of one's own performance. Therefore, we suggest that you obtain objective feedback from your audience members as well. You can do this informally, by asking people what they thought of the talk. Or, if appropriate, you can do it more formally, by handing out anonymous evaluation forms that ask audience members to rate their impressions of certain aspects of the presentation, such as the format, content (for example, interest level, relevance, difficulty, and so on), speaker (for example, presentation skills, organization, expertise, clarity), use of audiovisual resources, and location (for instance, lighting, temperature, seating comfort). In addition, be sure to include space on the form for audience members to write their impressions (strengths of the presentation, areas for improvement) in their own words.

Maintaining Your Improvements and Planning for the Future

The purpose of this final chapter is to discuss strategies for ensuring that the gains you've made so far are maintained over the coming months and years. Perhaps the most important suggestion we can offer is that you keep using the strategies described in the first ten chapters. Continuing to use approaches that were helpful in getting you to where you are now will ensure that you maintain your gains and that your anxiety continues to decrease over time.

The End of Treatment

In some ways, treatment is never finished. Although most people experience improvements using the strategies described in this book, it's common for people to struggle with anxiety in some social situations from time to time. Like back pain, depression, and high blood pressure, anxiety is often a chronic problem that comes and goes, but it can also be controlled. It will be helpful for you to continue using the strategies described in this book to make sure your anxiety doesn't worsen. In fact, an important goal of cognitive behavioral therapy is to teach people to be their own therapists. If this book has been effective, chances are good that your anxiety is much better than it was, and you've learned some strategies that you can continue to use as you move forward.

If treatment has been less effective than you would have liked, this is the time to figure out why. Here are some possible reasons to consider:

- **Inadequate dosage.** Typically, we think of dosage in the context of medication treatments, and certainly an inadequate dosage of medication (taking too little medication or taking medication for too short a time or too infrequently) can lead to a lack of improvement. However, the word "dosage" can also be applied to cognitive behavioral strategies. There is evidence that improvement is often directly related to the amount of homework a person completes. So, if your exposure practices are too short or too

infrequent or you don't practice challenging your anxiety-provoking thoughts, your anxiety may not have improved as much as you had hoped.

- **Stress.** If you were under a lot of stress while working on the strategies in this book, you may have experienced only limited benefit. For example, if you were working very long hours, dealing with family stresses, or coping with serious health problems, you may not have been able to devote as much time to this treatment as you might have liked. Our recommendation is to try again once the stress in your life has subsided. Stress can also lead to a return of fear, an issue to which we will return shortly.

- **Other psychological problems.** In some cases, shyness and social anxiety are part of another problem. For example, someone with an eating disorder may have high levels of social anxiety for fear of looking overweight in front of others. Although the strategies in this book may help in such cases, it will also be important to directly address the other problem.

- **Other life issues.** For some people, years of social anxiety can lead to various long-term problems, including chronic unemployment, extreme loneliness, severe depression, or substance-use problems. If you didn't address these larger issues, the strategies described in this book may have had limited impact on improving your overall quality of life. It will be important to find help and support for these larger issues. Chapter 4 includes recommendations for finding a therapist. Professional help may be able to steer you in a direction toward solving these other problems in addition to your anxiety.

Why Fear Returns and What You Can Do About It

Most people who receive treatment for social anxiety experience long-lasting improvements, particularly following cognitive and behavioral treatment. Nevertheless, there are a number of reasons why fear returns for some individuals. If your fear returns, the best thing to do is to resume using the strategies that were most helpful to you the first time you overcame your fear. Social anxiety that comes back after a period of improvement may be even easier to overcome the second time around.

Discontinuing Treatment Strategies Too Early or Too Quickly

Discontinuing the strategies described in this book may increase the likelihood that your fear will return, particularly if you stop using them before you've completely overcome your anxiety. We recommend that you continue to challenge your anxiety-provoking thoughts from time to time for as long as you continue to feel anxious. When your fear has decreased

significantly, you can stop using the cognitive forms and diaries. However, you should continue to use the cognitive techniques informally, by silently asking yourself appropriate questions (for example, "Is there some other, less anxiety-provoking way of interpreting this situation?").

In addition, you should take advantage of opportunities to expose yourself to previously feared situations even after your fear has decreased. Sometimes life circumstances (such as being busy at work or school, recovering from the flu) make it hard to practice exposure on a regular basis. Whenever possible, continue to confront your feared situations. Occasional exposures should help prevent your fear from returning.

The same is true for the mindfulness and acceptance-based strategies discussed in chapter 9. These methods represent a lifelong approach to dealing with one's thoughts, emotions, and sensations. Continuing to practice living in the present moment and behaving in a way that is consistent with your core values should help you to manage your anxiety, as well as your responses to it.

Stopping medication too early may also increase the risk of your anxiety returning. As discussed in chapter 5, people are less likely to relapse following the discontinuation of antidepressants if treatment has continued for at least a year. So, it's best not to stop medication treatment the moment you start to feel better.

Coming off medication suddenly may also increase the risk of your fear returning. Discontinuing some antidepressants and almost all antianxiety medications is associated with symptoms of withdrawal, which often mimic the symptoms of anxiety. These withdrawal symptoms may prompt some people to resume their old habits of avoidance and fearful thinking. The best way to prevent withdrawal symptoms is to reduce the dosage very slowly over time. We strongly recommend that you not reduce or stop your medication without first consulting with your doctor.

Life Stresses

Sometimes, an increase in day-to-day stress (for example, increased hours at work, relationship problems, financial difficulties, health problems, family tensions, death of a close friend) can worsen anxiety and fear. If you experience a stressful life event or a period of increased stress, your anxiety in social situations may get worse. Sometimes this worsening of anxiety occurs while the stress is happening; other times it may occur shortly after the stress has ended.

The relationship between stress and increased social anxiety is not surprising. People respond to stress in characteristic ways. Some respond physically by experiencing colds, headaches, increased blood pressure, and other physical ailments. Others may fall into bad habits, such as smoking more, increasing alcohol or caffeine use, eating unhealthy foods, exercising less, or spending too much time checking digital devices. Still others may respond emotionally

by becoming more anxious, depressed, or irritable. If your natural pattern has been to experience anxiety in social situations, stress may cause some of your old responses to resurface.

Stress tends to increase a person's arousal level, so breathing becomes heavier, heart rate increases, and other symptoms of arousal become more intense. When you're under stress, it doesn't take much change in your anxiety level for it to become more noticeable than usual. Situations that are normally okay may seem overwhelming.

Most of the time, the increase in social anxiety following stress is temporary; when the stress improves, the anxiety decreases. However, if you respond to your increased anxiety by falling back into old habits of anxious thinking and avoidance, you may find that the increased social anxiety continues even after the stress has passed. If your anxiety returns following a stressful life event, the best thing to do is to reread the relevant sections of this book and resume using the strategies that you found helpful the first time around. Consulting a book on stress management may also be useful. We recommend either *The Stress Less Workbook* (Abramowitz 2012) or *The Relaxation and Stress Reduction Workbook* (Davis, Eshelman, and McKay 2008).

Encountering a New and Unexpectedly Difficult Situation

Although you may think you've overcome a particular fear, it is possible that some fear remains, but it doesn't manifest until you encounter a sufficiently challenging situation. For example, Amir was surprised to experience intense fear that he thought he had overcome. He had worked very hard to overcome his fear of public speaking at work. After a few months of practice, he found he could speak comfortably in meetings, and he even gave long presentations to groups of two hundred or more with almost no fear. At his father's birthday party, he was asked on the spur of the moment to make a toast to about thirty friends and relatives he had known his whole life. This made him very nervous. Although he had successfully overcome his fear of speaking in formal work situations, he had never had the opportunity to speak in an informal and personal situation, such as a family party. For him, giving a toast in front of friends and relatives was actually a new situation for which he hadn't had the chance to practice.

Negative Experiences in the Feared Situation

Sometimes, experiencing a negative outcome in a social situation can lead to a return of fear. For example, if during a presentation the audience is particularly cold and unfriendly, if you are rejected by someone you care about, or if your boss is extremely critical of your performance in a meeting, you may find that you're more anxious the next time you encounter the same situation. The fact that you had a particular anxiety in the past makes it more likely that it will return if you experience a negative event in a situation that mirrors this old fear.

When negative outcomes like this happen, the best thing to do is to return to the situation as soon as possible. If you begin to avoid the situation, your anxiety is more likely to return. In addition to exposure, try challenging your anxiety-provoking beliefs by considering alternative interpretations of the negative event you experienced. Ask yourself, "What are some other ways of looking at this situation?" or "Does this really matter as much as I think it does?"

Preventing Your Fear from Returning

Although your anxiety is unlikely to return after you've learned to be more comfortable in social and performance situations, there are no guarantees. However, there are a number of things you can do to improve your chances of maintaining your gains.

Continue to Use the Strategies in This Book

As we've discussed, continuing to challenge your thoughts informally, to engage in occasional exposures, and to practice your mindfulness exercises will help you to maintain the improvements you've made so far. We also recommend that you occasionally reread relevant sections of this book to reinforce what you have learned and to ensure that you haven't forgotten any important principles.

Practice Exposure in a Range of Situations and Contexts

Your gains are likely to last longer if you practice exposure in a wide variety of situations and contexts. For example, if you're fearful of starting conversations, rather than practicing starting conversations only at work, we recommend that you practice in other situations as well (for example, at home, at parties, at the bus stop, in the elevator, and so on).

Take Advantage of Opportunities to Overlearn

Overlearning involves (1) practicing exposure so many times that it becomes boring and second nature, and (2) practicing exposure in situations that are more difficult than those you encounter in everyday life. For example, if you are fearful of your hands shaking while having a drink, you can practice having them shake so much that you actually spill some of your drink (Be sure your glass is filled with water and not grape juice!), and then repeat this practice until it no longer causes anxiety. Or, if you're fearful of making a minor mistake when talking to a stranger, you can practice purposely making obvious mistakes while speaking to people you don't know.

There are several advantages of practicing exposure with more difficult situations than those you normally encounter. First, practicing in more challenging situations will automatically make the less challenging situations seem easier. Second, practicing in difficult situations will further challenge your anxiety-provoking beliefs. For example, if you learn that nothing bad happens even if you purposely make a big mistake during a presentation, you may become less fearful of accidentally making a small mistake when speaking in public. Finally, overlearning provides room for some of your fear to return without causing significant impairment in your life.

Where to Go for More Information

For those who want additional information on social anxiety and related topics, we included lists of resources at the end of the book, including "Recommended Books and Videos" and "Digital Resources" (information on mobile apps and online treatments that may be of interest). The latter also includes information on national and international websites that provide referrals to experienced therapists.

We hope that you've found the strategies in this book helpful. Chances are that you will need to continue to use them for some time before your social anxiety has lessened enough to have a noticeable impact on your day-to-day life. We recommend that you reread the sections that were particularly useful or inspiring. Most of all, we wish you good luck as you learn to deal with stressful social situations with a new, well-earned sense of confidence.

Recommended Books and Videos

Shyness and Social Anxiety: Self-Help Books

Butler, G. 2016. *Overcoming Social Anxiety and Shyness: A Self-Help Guide Using Cognitive Behavioural Techniques*. 2nd ed. London: Robinson. (This book is not available for purchase in the United States or Canada, though it can be shipped to North America from an online bookseller in the United Kingdom, such as Amazon.co.uk.)

Fleming, J. E., and N. L. Kocovski. 2013. *The Mindfulness and Acceptance Workbook for Social Anxiety and Shyness: Using Acceptance and Commitment Therapy to Free Yourself from Fear and Reclaim Your Life*. Oakland, CA: New Harbinger Publications.

Hope, D. A., R. G. Heimberg, and C. L. Turk. 2010. *Managing Social Anxiety: A Cognitive-Behavioral Therapy Approach*. 2nd ed. New York: Oxford University Press.

Kearney, C. A. 2011. *Silence Is Not Golden: Strategies for Helping the Shy Child*. New York: Oxford University Press.

Social and Communication Skills: Self-Help Books

Dating and Meeting New People

Burns, D. D. 1985. *Intimate Connections*. New York: Signet.

Katz, E. M. 2003. *I Can't Believe I'm Buying This Book: A Commonsense Guide to Successful Internet Dating*. Berkeley, CA: Ten Speed Press.

Kolakowski, S. 2014. *Single, Shy, and Looking for Love: A Dating Guide for the Shy and Socially Anxious*. Oakland, CA: New Harbinger Publications

Silverstein, J., and M. Lasky. 2004. *Online Dating for Dummies*. Hoboken, NJ: John Wiley and Sons.

Interviews

Baur, J. 2013. *The Essential Job Interview Handbook: A Quick and Handy Resource for Every Job Seeker.* Wayne, NJ: Career Press.

Fry, R. W. 2016. *101 Great Answers to the Toughest Interview Questions.* 7th ed. Wayne, NJ: Career Press.

Stein, M. 2003. *Fearless Interviewing: How to Win the Job by Communicating with Confidence.* New York: McGraw-Hill.

Public Speaking and Presentations

Duarte, N. 2008. *Slide:ology: The Art and Science of Creating Great Presentations.* Sebastopol, CA: O'Reilly Media.

Kosslyn, S. M. 2007. *Clear and to the Point: 8 Psychological Principles for Compelling PowerPoint Presentations.* New York: Oxford University Press.

Monarth, H., and L. Kase. 2007. *The Confident Speaker: Beat Your Nerves and Communicate at Your Best in Any Situation.* New York: McGraw-Hill.

Morrisey, G. L., T. L. Sechrest, and W. B. Warman. 1997. *Loud and Clear: How to Prepare and Deliver Effective Business and Technical Presentations.* 4th ed. Reading, MA: Addison-Wesley.

Rohr, S., and S. Impellizzeri. 2016. *Scared Speechless: 9 Ways to Overcome Your Fears and Captivate Your Audience.* Wayne, NJ: Career Press.

Shames, D. 2017. *Out Front: How Women Can Become Engaging, Memorable, and Fearless Speakers.* Dallas, TX: BenBella Books.

Other Communication Skills

Alberti, R. E., and M. L. Emmons. 2017. *Your Perfect Right: Assertiveness and Equality in Your Life and Relationships.* Oakland, CA: Impact Publishers.

Bolton, R. 1979. *People Skills.* New York: Simon and Schuster.

Davis, M., K. Paleg, and P. Fanning. 2004. *The Messages Workbook: Powerful Strategies for Effective Communication at Work and Home.* Oakland, CA: New Harbinger Publications.

Garner, A. 1997. *Conversationally Speaking: Tested New Ways to Increase Your Personal and Social Effectiveness.* 3rd ed. Los Angeles: Lowell House.

McKay, M., M. Davis, and P. Fanning. 2009. *Messages: The Communication Skills Book.* 3rd ed. Oakland, CA: New Harbinger Publications.

Patterson, R. J. 2000. *The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships.* Oakland, CA: New Harbinger Publications.

Anxiety, Depression, and Evidence-Based Treatments: Self-Help Books

Abramowitz, J. S. 2018. *Getting Over OCD: A 10-Step Workbook for Taking Back Your Life*. 2nd ed. New York: Guilford Press.

Abramowitz, J. S. 2012. *The Stress Less Workbook: Simple Strategies to Relieve Pressure, Manage Commitments, and Minimize Conflicts*. New York: Guilford Press.

Antony, M. M., and R. E. McCabe. 2004. *10 Simple Solutions to Panic: How to Overcome Panic Attacks, Calm Physical Symptoms, and Reclaim Your Life*. Oakland, CA: New Harbinger Publications.

Antony, M. M., and P. J. Norton. 2009. *The Anti-Anxiety Workbook: Proven Strategies to Overcome Worry, Panic, Phobias, and Obsessions*. New York: Guilford Press.

Antony, M. M., and R. P. Swinson. 2008. *When Perfect Isn't Good Enough: Strategies for Coping with Perfectionism*. 2nd ed. Oakland, CA: New Harbinger Publications.

Bourne, E. J. 2015. *The Anxiety and Phobia Workbook*. 6th ed. Oakland, CA: New Harbinger Publications.

Forsyth, J. P., and G. H. Eifert. 2016. *The Mindfulness and Acceptance Workbook for Anxiety: A Guide to Breaking Free from Anxiety, Phobias, and Worry Using Acceptance and Commitment Therapy*. 2nd ed. Oakland, CA: New Harbinger Publications.

Greenberger, D., and C. A. Padesky. 2016. *Mind Over Mood: Change How You Feel by Changing the Way You Think*. 2nd ed. New York: Guilford Press.

Hayes, S. C., and S. Smith. 2005. *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications.

Kabat-Zinn, J. 2013. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. Rev. ed. New York: Bantam Books.

Orsillo, S. M., and L. Roemer. 2016. *Worry Less, Live More: The Mindful Way Through Anxiety Workbook*. New York: Guilford Press.

Paterson, R. J. 2016. *How to be Miserable: 40 Strategies You Already Use*. Oakland, CA: New Harbinger Publications.

Robichaud, M., and M. J. Dugas. 2015. *The Generalized Anxiety Disorder Workbook: A Comprehensive CBT Guide for Coping with Uncertainty, Worry, and Fear*. Oakland, CA: New Harbinger Publications.

Tull, M. T., K. L. Gratz, and A. L. Chapman. 2016. *Cognitive-Behavioral Coping Skills Workbook for PTSD: Overcome Fear and Anxiety and Reclaim Your Life*. Oakland, CA: New Harbinger Publications.

Wright, J. H., and L. W. McCray. 2012. *Breaking Free from Depression: Pathways to Wellness*. New York: Guilford Press.

Shyness and Social Anxiety: Books for Professionals

Antony, M. M., and K. Rowa. 2008. *Social Anxiety Disorder: Psychological Approaches to Assessment and Treatment*. Göttingen, Germany: Hogrefe.

Heimberg, R. G., and R. E. Becker. 2002. *Cognitive-Behavioral Group Therapy for Social Phobia: Basic Mechanisms and Clinical Strategies*. New York: Guilford Press.

Hofmann, S. G., and P. M. DiBartolo. 2014. *Social Anxiety: Clinical, Developmental, and Social Perspectives*. 3rd ed. Waltham, MA: Academic Press.

Hofmann, S. G., and M. W. Otto. 2008. *Cognitive Behavioral Therapy for Social Anxiety Disorder: Evidence-Based and Disorder Specific Treatment Techniques*. New York: Routledge.

Hope, D. A., R. G. Heimberg, and C. L. Turk. 2010. *Managing Social Anxiety: A Cognitive Behavioral Therapy Approach (Therapist Guide)*. 2nd ed. New York: Oxford University Press.

National Collaborating Centre for Mental Health. 2013. *Social Anxiety Disorder: The NICE Guideline on Recognition, Assessment, and Treatment*. London, UK: British Psychological Society and Royal College of Psychiatrists.

Weeks, J. W. 2014. *Wiley-Blackwell Handbook of Social Anxiety*. Hoboken, NJ: Wiley-Blackwell.

Anxiety, Depression, and Evidence-Based Treatments: Books for Professionals

Abramowitz, J. S., B. J. Deacon, and S. P. H. Whiteside. 2011. *Exposure Therapy for Anxiety: Principles and Practice*. New York: Guilford Press.

Antony, M. M., and D. H. Barlow. 2010. *Handbook of Assessment and Treatment for Psychological Disorders*. 2nd ed. New York: Guilford Press.

Antony, M. M., and M. B. Stein. 2009. *Oxford Handbook of Anxiety and Related Disorders*. New York: Oxford University Press.

Barlow, D. H. 2014. *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual*. 5th ed. New York: Guilford Press.

Beck, J. S. 2011. *Cognitive Behavior Therapy: Basics and Beyond*. 2nd ed. New York: Guilford Press.

Beidel, D. C., and C. A. Alfano. 2011. *Child Anxiety Disorders: A Guide to Research and Treatment*. New York: Routledge.

Bennett-Levy, J., G. Butler, M. Fennell, and A. Hackman. 2011. *Oxford Guide to Behavioural Experiments in Cognitive Therapy*. Oxford, UK: Oxford University Press.

Bezchlibnyk-Butler, K. Z., and A. S. Virani. 2014. *Clinical Handbook of Psychotropic Drugs for Children and Adolescents.* 3rd ed. Göttingen, Germany: Hogrefe.

Dobson, D., and K. S. Dobson. 2017. *Evidence-Based Practice of Cognitive-Behavioral Therapy.* 2nd ed. New York: Guilford Press.

Egan, S. J., T. D. Wade, R. Shafran, and M. M. Antony. 2014. *Cognitive-Behavioral Treatment of Perfectionism.* New York: Guilford Press.

Eifert, G. H., and J. P. Forsyth. 2005. *Acceptance and Commitment Therapy for Anxiety Disorders: A Practitioner's Treatment Guide to Using Mindfulness, Acceptance, and Values-Based Behavior Change Strategies.* Oakland, CA: New Harbinger Publications.

Emmelkamp, P., and T. Ehring. 2014. *Wiley Handbook of Anxiety Disorders.* Hoboken, NJ: John Wiley and Sons.

Grills-Taquechel, A. E., and T. H. Ollendick. 2012. *Phobic and Anxiety Disorders in Children and Adolescents.* Göttingen, Germany: Hogrefe.

Hackman, A., J. Bennett-Levy, and E. A. Holmes. 2011. *Oxford Guide to Imagery in Cognitive Therapy.* Oxford, UK: Oxford University Press.

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Kuyken, W., C. A. Padesky, and R. Dudley. 2009. *Collaborative Case Conceptualization: Working Effectively with Clients in Cognitive-Behavioral Therapy.* New York: Guilford Press.

Martell, C. R., S. Dimidjian, and R. Herman-Dunn. 2010. *Behavioral Activation for Depression: A Clinician's Guide.* New York: Guilford Press.

Miller, W. R., and S. Rollnick. 2013. *Motivational Interviewing: Helping People Change.* 3rd ed. New York: Guilford Press.

Newman, C. F. 2013. *Core Competencies in Cognitive Behavioral Therapy: Becoming a Highly Effective and Competent Cognitive Behavioral Therapist.* New York: Routledge.

Norton, P. J. 2012. *Cognitive-Behavioral Therapy for Anxiety: A Transdiagnostic Treatment Manual.* New York: Guilford Press.

Procyshyn, R. M., K. Z. Bezchlibnyk-Butler, and J. J. Jeffries. 2017. *Clinical Handbook of Psychotropic Drugs.* 22nd ed. Göttingen, Germany: Hogrefe.

Segal, Z. V., M. G. Williams, and J. D. Teasdale. 2013. *Mindfulness-Based Cognitive Therapy for Depression.* 2nd ed. New York: Guilford Press.

Stott, R., W. Mansell, P. Salkovskis, A. Lavender, and S. Cartwright-Hatton. 2010. *Oxford Guide to Metaphors in CBT: Building Cognitive Bridges.* Oxford, UK: Oxford University Press.

Tolin, D. F. 2016. *Doing CBT: A Comprehensive Guide to Working with Behaviors, Thoughts and Emotions.* New York: Guilford Press.

Watkins, E. R. 2016. *Rumination-Focused Cognitive-Behavioral Therapy for Depression*. New York: Guilford Press.

Westra, H. A. 2012. *Motivational Interviewing in the Treatment of Anxiety*. New York: Guilford Press.

Video Resources

Social Anxiety: Videos for Consumers

Rapee, R. M. 1999. *I Think They Think… Overcoming Social Phobia*. DVD. New York, NY: Guilford Press.

Social Anxiety: Videos for Therapists

Albano, A. M. 2006. *Shyness and Social Phobia*. DVD. Washington, DC: American Psychological Association.

Padesky, C. 2008. *Cognitive Behavioral Therapy for Social Anxiety*. DVD. May be ordered from www.padesky.com.

Wenzel, A. 2013. *Cognitive Behavioral Therapy for Social Anxiety*. DVD. Washington, DC: American Psychological Association.

Cognitive Behavioral Therapy: Videos for Therapists

Antony, M. M. 2008. *Cognitive Behavioral Therapy for Perfectionism Over Time*. DVD. Washington, DC: American Psychological Association.

Dobson, K. S., P. A. Hays, and A. Wenzel. 2015. *Cognitive Restructuring and Automatic Thoughts*. DVD. Washington, DC: American Psychological Association.

Dobson, K. S., P. A. Hays, and A. Wenzel. 2015. *Core Belief Work and Acceptance*. DVD. Washington, DC: American Psychological Association.

Dobson, K. S., P. A. Hays, and A. Wenzel. 2015. *Problem Solving*. DVD. Washington, DC: American Psychological Association.

Dobson, K. S., P. A. Hays, and A. Wenzel. 2015. *Psychological Assessment and Case Conceptualization*. DVD. Washington, DC: American Psychological Association.

Dobson, K. S., P. A. Hays, and A. Wenzel. 2015. *Relapse Prevention and Ending Treatment*. DVD. Washington, DC: American Psychological Association.

Dobson, K. S., P. A. Hays, and A. Wenzel. 2015. *Session Structure and Behavioral Strategies*. DVD. Washington, DC: American Psychological Association.

Padesky, C. 2008. *Guided Discovery Using Socratic Dialog*. DVD. May be ordered from www.padesky.com.

Padesky, C. 2008. *Testing Automatic Thoughts with Thought Records*. DVD. May be ordered from www.padesky.com.

Digital Resources: Websites, Online Treatments, Referrals, and Mobile Apps

Although the information in this section was up-to-date when this book went to press, web pages, online programs, and digital apps come and go, and information regarding digital resources changes frequently. For additional information on digital resources, we suggest searching online for apps, websites, and online treatments using search terms such as "social anxiety," "social phobia," and "shyness." Finally, although we have screened each of these resources, we did not review them in detail and cannot take responsibility for their usefulness or for the accuracy of the information they contain.

Academy of Cognitive Therapy
http://www.academyofct.org

- An association dedicated to promoting excellence in cognitive therapy through training, certification, and professional development. The website offers referrals to certified cognitive therapists worldwide through a "find a therapist" page.

AI Therapy
http://www.ai-therapy.com

- An online cognitive behavioral therapy program for social anxiety.

Anxieties.com
http://anxieties.com

- An informative anxiety self-help site run by the Anxiety Disorders Treatment Center (and Dr. Reid Wilson) in Durham, North Carolina.

Anxiety and Depression Association of America

http://adaa.org

- A national association for professionals and consumers with an interest in anxiety, depression, and related disorders. Among the information and resources included, the site provides referrals in the United States and more than ten other countries through a "find a therapist" page (http://treatment.adaa.org). There is also a comprehensive list of mental health apps with ratings for each (https://www.adaa.org/finding-help /mobile-apps).

Anxiety Disorders Association of British Columbia (AnxietyBC)

https://anxietybc.com

- A website with information and resources for a range of anxiety-related problems, including social anxiety.

Anxiety.org

http://anxiety.org

- This site works with a team of anxiety experts to provide detailed information about anxiety and related disorders that is easy to understand.

Anxiety Treatment Australia

http://anxietyaustralia.com.au

- This site provides information about treatment options in Australia, as well as detailed information about anxiety-related disorders and a comprehensive list of helpful resources.

Association for Behavioral and Cognitive Therapies

http://abct.org

- A national professional association for therapists and researchers interested in cognitive behavioral therapy. The site also provides referrals in the United States and Canada through a "find a CBT therapist" page (http://www.findcbt.org).

Canadian Association for Cognitive and Behavioural Therapies (CACBT)

http://www.cacbt.ca/en/index.htm

- A Canadian association for therapists and researchers interested in cognitive behavioral therapy (CBT). The site includes a list of certified CBT therapists across Canada who have completed CACBT's rigorous credentialing process.

Center for Telepsychology
http://telepsychology.net/CBTSelfHelp_SocialAnxiety.aspx

- Provides online cognitive behavioral therapy self-help courses for social anxiety and other anxiety-related problems.

Centre for Clinical Interventions
http://www.cci.health.wa.gov.au

- The centre offers treatment for various psychological problems in Western Australia, and its website provides various resources and free self-help workbooks describing effective treatments for a wide range of problems, including social anxiety disorder.

E-Couch
http://ecouch.anu.edu.au

- An Australian-based self-help program providing interactive programs for social anxiety and a range of other anxiety-related problems and depression.

European Association for Behavioural and Cognitive Therapies
http://eabct.eu

- A European association that brings together fifty-three individual cognitive behavioral therapy associations from thirty-nine countries. The website includes a "find a therapist" section (http://eabct.eu/find-a-therapist).

FearFighter
http://fearfighter.cbtprogram.com

- An online program from the United Kingdom designed for panic and phobia-related problems, including social anxiety. The program is based on cognitive behavioral methods.

International Association for Cognitive Psychotherapy
http://www.the-iacp.com

- An international association focused on scientific and professional work in the area of cognitive therapy. The website includes a "therapist referrals" section (http://www.the-iacp.com/therapist-referrals).

Joyable
http://joyable.com/social-anxiety

- A twelve-week, coach-supported online cognitive behavioral program based on proven strategies for overcoming social anxiety.

Learn to Live

http://www.learntolive.com

- Provides online cognitive behavioral self-help treatment (with coaching) for social anxiety, depression, stress, anxiety, and worry.

Mentalhealthonline

http://mentalhealthonline.org.au

- An Australian site that provides online treatment for a range of anxiety-related problems, including social anxiety disorder. Programs include self-help treatments (offered at no cost) and therapist-assisted online treatments (offered at a low cost). There are also opportunities to participate in research.

MindShift

http://www.anxietybc.com/resources/mindshift-app

- MindShift is a digital mobile app designed to help teens and young adults manage a wide range of anxiety problems, including social anxiety.

MoodKit and Moodnotes

http://thriveport.com

- MoodKit and Moodnotes are digital apps based on cognitive behavioral therapy methods for improving moods (for example, depression, anxiety). Both apps provide tools for monitoring and changing thoughts and behaviors that contribute to negative moods.

National Alliance on Mental Illness (NAMI)

http://nami.org

- The NAMI website provides comprehensive resources on a wide range of mental health issues.

National Institute of Mental Health (NIMH)

https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

- This site, dedicated to anxiety disorders, provides information about anxiety and related disorders, including a downloadable brochure on social anxiety disorder published in 2016.

National Social Anxiety Center (NSAC)

http://nationalsocialanxietycenter.com

- This site provides information about social anxiety treatment, regional clinics in several American cities that specialize in social anxiety, and various other resources relating to social anxiety.

Online CBT Register for the UK and Ireland

http://www.cbtregisteruk.com

- A search engine for finding accredited cognitive behavioral therapists in the United Kingdom and Ireland.

Shyness Institute

http://www.shyness.com

- This site provides a wide range of resources related to shyness, as well as information about social fitness training, a type of cognitive behavioral treatment for social anxiety.

Social Anxiety Association

http://socialphobia.org

- A nonprofit organization focused on meeting the needs of individuals with social anxiety.

Social Phobia World

http://socialphobiaworld.com

- A site for online forums about social anxiety and related topics.

This Way Up

http://thiswayup.org.au

- This site delivers low-cost, evidence-based online cognitive behavioral therapy courses for a wide range of problems, including social anxiety.

Way Forward

https://www.wayforward.io

- An online program providing self-help or coach-assisted cognitive behavioral treatment for social anxiety. Fees depend on the level of coach involvement.

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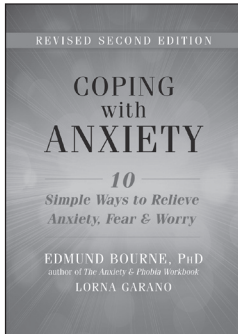**Please visit www.abct.org and click on *Find a Therapist.***

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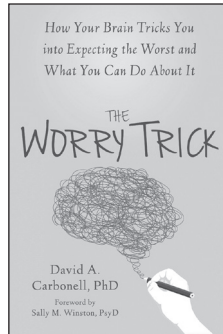Anxiety and Depression Association of American (ADAA)
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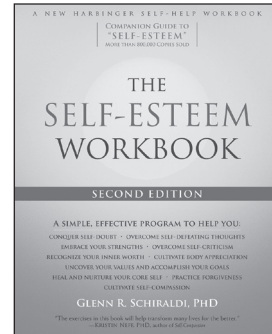**please visit www.nami.org**

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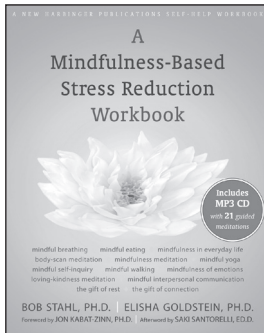# NEW HARBINGER PUBLICATIONS

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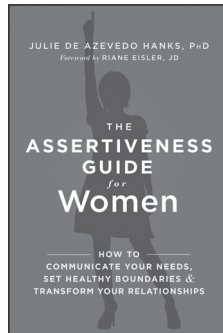
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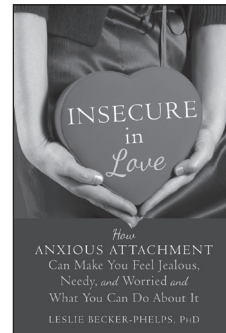What You Can Do About It

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