



# Social Anxiety or INTROVERSION

## Socially Avoidant Behavior assessment and treatment

By Kathy HoganBruen, PhD

Maya was born in the US and raised in Maryland by a single mother who had come to the US from the Philippines. Maya and her mother had a structured life: Maya would go to school, walk home by herself and, always a diligent student, focus on her homework while she waited for her mom to return from her job as a medical technician. The two of them would cook dinner together, and then watch their favorite TV shows. Weekends they liked to go for hikes at the nearby state park. Maya's mom didn't date or socialize much other than a weekly card game with neighbors.

Similarly, Maya hung close to home, with only the occasional shopping or movie outings with a few girlfriends. Maya would hear kids at school talk about parties, football games, and school clubs. It didn't seem unusual to her that she wasn't part of that life; she had her own life, and she really needed to focus on her schoolwork. Maya wasn't sure if she was happy, as that wasn't a question she was ever taught to ask. She knew she was getting good grades and helping take care of her mom, which seemed to be enough.

Accepted at a prestigious university, Maya went to college more committed than ever to working hard. But in college, her old routine of class and homework no longer felt satisfactory. Maya began noticing that she wasn't part of the socializing on her hall, or the parties everyone seemed to be planning. Maya began to feel a bit down and realized maybe she should reach out to some of the other students. But she had a hard time approaching them, thinking she was awkward and had nothing to say. Feeling discontent and wondering if something was wrong with her, she shared some of these feelings with her academic advisor who encouraged her to set up an appointment with me.

At our first visit Maya reported spending a lot of time alone, missing home and her mother, not connecting with other students, and feeling lonely. She wasn't unhappy per se, but she knew her life looked different from the other students' lives, and

she felt something was missing. She didn't report hopelessness, or a lack of pleasure in things she used to enjoy. She wasn't skipping class or staying in bed. Was Maya socially anxious—was fear of judgment or embarrassment keeping her from interacting with her peers? Or was Maya merely introverted, content with books and intellectual stimulation, not needing much in the way of interpersonal relationships?

As Maya revealed more of her personality, social experiences, and hopes for college and relationships, we came to the joint conclusion that the answer was muddled—she was indeed introverted, but she also was experiencing Social Anxiety Disorder (SAD). Maya was naturally drawn to quiet and solo activities, content to spend a day alone reading and taking a walk. But she was also lonely and desiring friendships, possibly even a romantic connection. Reaching out to others, or showing up at an activity in her dorm caused her to feel anxious, wondering things like, “Will people think I'm weird?” “What will I say?” and, “What if no one talks to me?”

Maya had gotten into a pattern early in life of saying “No, I've got to study” when social invitations came her way. Maya's mom had constantly stressed the importance of academic achievement, and the importance of “honoring her family” by being successful. But Maya wanted more in her life than school; she was beginning to feel jealous of the other kids who were having fun. She was feeling lonely and afraid of what other students thought of her. She didn't look like them or have a similar cultural background. It was fearing the judgment of others—the hallmark of SAD—that kept her from socializing.

### Many Students Adapt to the New Reality of College Life

SAD wasn't as obvious with Maya as it often is with college students. Many students away from home for the first time struggle to initiate friendships and date, having been used to the ease of socializing with family and grade school friends who have been a constant in their life. While kids often fantasize

about reinventing themselves in college, the reality can be a lot harder. Without the structure of a seven-hour school day surrounded by the same classmates, kids are left on their own to form and foster friendships. For plenty of kids, this works out just fine—after all, selection bias would suggest like-minded students naturally gravitate toward the same schools. And with less class time and more social time in college, quick and easy friendships develop naturally for many students.

In her book, *Quiet: The Power of Introverts*, Susan Cain (2012) describes introversion as a personality trait in which an individual recharges his or her batteries with quiet time, as compared to extroversion, where batteries are recharged with socializing. She mentions the stigma introverts receive from our very extroverted society, as well as the fact that introversion and extroversion occur on a continuum—rarely is someone truly all one or all the other. While Maya cared greatly about her studies, and indeed felt refreshed after getting some down time with books following a stimulating class lecture, there was more to the picture. As humans, we're biologically and genetically driven to be social creatures; historically, our mere survival (e.g., finding food, raising children) has depended on our ability to group with others.

Seeing Maya, I was hesitant to slap the “SAD” label on her and pathologize her naturally quieter state. But, according to Maya, there was something missing for her at school. It's one thing to avoid big keg parties when you'd rather 'Netflix and chill.' But it's quite another to avoid parties out of fear or anxiety. If a client declines social invitations, I ask them, “If you weren't worried or nervous, what would you do?” to tease out social anxiety from introversion. They're usually easily able to answer it. Many clients, right at the onset of treatment, say, “I WISH I could ask someone on a date, or sit down next to a stranger in the dining hall and start talking, or jump into a group conversation at a party the way I see others do.” Maya was different. It took her a while to reach the conclusion that it might be nice to have some friends in the dorm or, ask people in class to form a study group.

Certainly, from a “statistical deviance from the mean” perspective, Maya would have been diagnosed with SAD, as she was an outlier in college based on how little social contact she had with others. But beyond deviance, diagnosing SAD requires assessing two essential features—level of distress, and interference with functioning. In other words, someone could appear to have SAD, but merely be introverted; and it depends on an individual's own experience of being quiet versus what others expect of him or her. With regard to distress, Maya reported mild unhappiness and a low level of loneliness. At first glance, Maya's functioning wasn't greatly affected by anxiety—she was still attending classes and doing quite well academically—but she wasn't actively participating in college life outside the classroom. Perhaps most importantly, Maya's cognitive processes reflected a fear of others' scrutiny. As such, Maya was an example of a student who, at first glance, might appear to be introverted, but mentally healthy, but under closer scrutiny, was evidencing SAD.

### **A Rich Inner Life, But Failing to Launch into Adulthood**

The question, “Is this SAD, introversion, or both?” came up again when Tony, a 22 year-year-old recent graduate of a demanding

liberal arts college, walked through my door. Tony was very quiet in our first session, answering my questions with as few words as possible. It struck me as unusual, as others in his age cohort tend to chat more freely, sometimes without ever really honing in on their specific issues. While brought to therapy by his father, Tony wasn't there against his will, and his brevity didn't reflect oppositionality. In fact, Tony was quite reflective and thoughtful. While Tony was respectful and cooperative, it was almost as if my questions punctured his solitary bubble, forcing him into a social sphere he preferred not to inhabit. Tony appeared to me as someone who truly enjoyed his inner world—and I, with all of my questions, was taking him from that place where he was content. But there was a problem; Tony was still unemployed, a year after graduation, and with no apparent explanation.

When asked about his interests and hobbies, Tony shared a level of sophistication well beyond what most employed young adults experience. His computer programming and intellectual pursuits, including the study of languages, music, and neurology, filled his days. He helped out at home and didn't get in anyone's way—to a fault, as Tony spent much time alone in his room. He communicated with friends online, including a couple he had met through a fantasy club at college, but he didn't have much in the way of in-person human contact.

When it came to jobs, Tony just wasn't interested. His inner life was a rich one, and working in a social environment wasn't appealing. He reported being happy with the small number of friends in his life. On the surface, this could appear to be an issue of social anxiety—a young and talented college grad, unemployed and holed up in his room without any social life. But what was missing was the hallmark fear of judgment, humiliation or embarrassment. While his dad was concerned, Tony was okay with who he was and how he spent his time. Rather than fearing what others thought of him, he was rather unconcerned. (His social skills were fine, he laughed with me, and seemed to be emotionally in sync, ruling out an autism diagnosis).

But the reality was that Tony had in front of him the developmental task of needing to launch into adulthood with paid employment. He was able to use therapy to identify and overcome obstacles to employment and set goals related to job applications. Perhaps even more importantly, Tony learned about introversion and how it affected him, and how to reduce the associated stigma he felt for being quieter and more inward than others might want from him. Tony came to celebrate his quieter nature and all that it allowed him to accomplish, including important contributions online. He also learned ways to “pop his personal bubble” and participate in a more social world, even if it was against his nature, and reap the benefits. He worked on knowing his limits and communicating them, while pushing himself to be a bit uncomfortable for a bigger purpose, such as paid employment. Tony's therapy proved useful, but proved not to be about SAD as originally anticipated.

Tony's case illustrates the importance of a good functional analysis, looking at the “A, B, Cs”—the antecedents, behaviors, and consequences of the social avoidance. In the case of Maya, avoiding social contact helped her feel safe and preserved her sense of self; if she didn't expose herself to anyone, she would be free from their judgment. The antecedents to Maya's avoidant

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behavior were the experiences with her mother—observing and learning from her mother’s own socially avoidant behavior, as well as explicit warnings from her that people could be mean and harsh. Similarly, being in a new social environment (college) without the benefit of years of social skills practice put Maya at a disadvantage. As a result of Maya’s avoidant behavior, she was missing out on developing meaningful relationships, dating, and having fun at college. Worse, Maya was feeling bad about herself, not understanding why she wasn’t like the others

### CBT Leads to Understanding SAD Diagnosis

Using cognitive behavioral therapy (CBT), I worked with Maya individually, and subsequently in a group format. In both modalities, psychoeducation went a long way—helping Maya to understand SAD, correcting the “I’m just shy” myth, and making the case for exposure therapy where Maya would face her fears by engaging in increasingly challenging social situations. Learning that 12% of all individuals will suffer from SAD at some point in life (Kessler et al., 2005), helped Maya not to feel alone, as well as to see this as a problem that needed addressing. Compared to people suffering from other diagnoses, those with SAD are less likely to seek treatment, often believing it not to be serious (Kearney & Trull, 2015).

I asked Maya to keep a daily thought record of situations where she felt anxious, tracking her physical and emotional symptoms, level of anxiety, automatic thoughts, cognitive errors, thought rebuttals, and associated behaviors. After practice together in sessions, Maya recorded an experience where she was called on in class by a professor and immediately felt nervous, started to sweat and felt a pain in her stomach. She rated her anxiety level a 7 out of 10, and reported thoughts of, “I’m going to say something stupid,” “The students will think I’m an idiot” and, “The professor will think I don’t deserve to be at this college.” She was able to see the distortion in her thoughts and identify that she was “fortune telling,” “mind reading,” and “name calling” (Burns, 1980). After challenging her cognitive distortions, Maya was able to come up with rebuttals she could rehearse to ready herself for the next anxiety-provoking situation in class.

I urged Maya to cross out loaded language, substituting in better word choices. For instance, she put a red “X” through “idiot” and tried out a range of alternative words, completing the sentence, “Students will think I’m a/an \_\_\_\_\_” with “student,” “introvert,” or “fashionista.” Maya was able to turn around “I’m going to say something stupid” to “I’m not sure what I’m going to say,” “I don’t typically say ‘stupid’ things,” “Who knows, I could say something brilliant!” and, “Whatever I say, I’m contributing to the class discussion, a valuable part of college.” With regard to what the professor would think, Maya recognized that she was falling into the trap of trying to read his mind. Identifying her fear that the professor would think she didn’t belong at the college gave us an opening to explore the broader theme of “not belonging” that kept popping up in treatment. Using the “downward arrow” technique (Burns, 1980), I repeatedly asked Maya, “And if that were true, what would be so bad about that?” Through that exercise we were able to uncover two core beliefs—that she felt “lesser” than others, and that she felt she had to be smart to be valuable. With those core beliefs uncovered, we could explore, challenge, and ultimately replace a lot of what was driving the social anxiety. Rather than walking around with the entrenched

belief that “I’m only valuable if I’m smart,” Maya was eventually able to think and truly believe, “my value as a human is inherent in my being alive, regardless of my IQ or grades.”

Maya made great gains through psychoeducation, cognitive restructuring, and revising her core beliefs. But for the meat of CBT for SAD—behavioral exposure—I referred Maya to a social anxiety group that I facilitate for young adults. On day one Maya was exposed to many of her fears—talking in front of others, opening herself up to the judgment of others, and sounding “stupid,” to name a few. Maya was asked to set specific behavioral goals and create a “fear and avoidance hierarchy,” listing from easiest to hardest the social situations she wanted to tackle, along with her levels of avoidance and anticipated anxiety.

In group, Maya addressed her lower ranked social situations by role-playing specific scenarios with other group members—e.g., initiating a conversation with a girl on her hall, asking a classmate to get coffee, and going back to her original thought record, making a “stupid” comment in class. With the other participants, Maya practiced specific social skills that had gotten rusty—e.g., making direct eye contact during conversation; saying, “Thank you” when given a compliment; shaking hands with sweaty palms; and interrupting a group conversation. In addition to the exposure exercises and social skills practiced in group each week, Maya chose an exposure higher on her hierarchy to tackle for homework, often the very thing she had just role-played. With rehearsal under her belt, and thought rebuttals in her head, Maya was able to move through her hierarchy, exposing herself to fear, but being rewarded with a gradually increasing social life. As group progressed, Maya reduced, and ultimately eliminated her safety behaviors (e.g., routinely sipping from a water bottle in social situations). She considered the pros and cons of using relaxation strategies and deep breathing during the exposures. Ultimately, what Maya took away from group was that no matter what came up physically or emotionally, she could stay put and handle it, that she could tolerate all aspects of the anxiety, and that it was worth it.

Maya’s therapy, like Tony’s, included a component to address introversion, routinely reflecting on the question, “If I didn’t have anxiety, would I want to do X?” to tease apart anxiety avoidance from an introverted nature. Maya came to know the difference between her introverted self that needed some recharging with quiet time; and her socially anxious self that needed a kick in the pants to be with people even if it meant being temporarily uncomfortable.

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