CONDITION

Social anxiety disorder

Social anxiety disorder is an ongoing fear of being judged or embarrassed in social situations.

WHAT IT IS
Persistent fear of judgment in social situations

BODY SYSTEM
Mental health and nervous system

MAIN SYMPTOMS
Intense fear, avoidance, blushing, racing heartbeat

WHAT CAUSES IT
Inherited, brain, temperament, and life factors

HOW IT IS DIAGNOSED
Clinical interview; no laboratory test

MAIN TREATMENT
Psychological therapy, sometimes with medication

CAN IT BE CURED?
Sometimes - symptoms can fully resolve

IS IT AN EMERGENCY?
Sometimes - immediate self-harm or suicide risk

LONG-TERM OUTLOOK
Often improves with treatment and continued practice

Overview

Social anxiety disorder is a strong, lasting fear of social situations in which you may be watched, judged, rejected, or embarrassed. It is also called social phobia.

The fear is more intense than ordinary nervousness. It may affect conversations, eating in public, speaking in groups, using public toilets, making telephone calls, attending classes, dating, or being observed while doing a task. Some people fear most social situations. Others mainly fear performing or speaking in front of people.

You may understand that the level of fear is greater than the actual danger, yet still feel unable to control it. Avoiding the situation can bring short-term relief, but it often keeps the anxiety going. Over time, social anxiety may affect education, work, relationships, health appointments, and everyday independence.

Social anxiety disorder is not a character flaw or a lack of social skills. It is a recognised mental health condition, and effective treatment is available.

Symptoms

Social anxiety involves fear before, during, or after social contact. You may spend days or weeks worrying about an event. Afterwards, you may replay what happened and focus on possible mistakes.

Common thoughts include expecting to look anxious, say the wrong thing, offend someone, or be seen as incompetent. You may assume that other people are noticing and judging you, even when there is little evidence of this.

Physical symptoms can include:

You may avoid feared situations completely. Less obvious forms of avoidance include looking at your phone, rehearsing every sentence, speaking very little, relying on alcohol, arriving late, or staying close to someone you trust. These are sometimes called "safety behaviours." They may reduce anxiety briefly but prevent you from learning that the situation could be manageable without them.

Children may cry, freeze, cling to a caregiver, refuse to speak, or avoid school and activities. A child's fear must occur with other children, not only with unfamiliar adults, to fit the usual diagnostic pattern.

- Blushing, sweating, shaking, or feeling hot
- A racing heartbeat, dizziness, nausea, or shortness of breath
- A quiet or shaky voice and difficulty making eye contact
- Feeling mentally blank or unable to find words

Causes and risk factors

There is no single cause. Social anxiety disorder probably develops through a combination of inherited traits, brain processes, temperament, learning, and life experiences.

It can run in families, although this does not mean that someone will definitely develop it. A naturally cautious or "behaviourally inhibited" temperament may increase the chance of later anxiety. This means being especially sensitive to unfamiliar people, places, or situations from an early age.

Bullying, rejection, humiliation, abuse, or repeated criticism may contribute. Social anxiety can also develop without a clear harmful event. Family behaviour and cultural expectations may shape how a person learns to interpret social attention, but the condition is not caused by poor parenting alone.

Symptoms often begin during childhood or the teenage years. New social demands, such as changing schools, starting university, entering a workplace, dating, or speaking publicly, can make the problem more noticeable.

Alcohol or other substances may appear to reduce anxiety temporarily. Regular use can worsen anxiety, create dependence, and make recovery harder. Some health conditions and medicines can also produce symptoms such as shaking, sweating, or a rapid heartbeat, but these do not by themselves cause social anxiety disorder.

Diagnosis

There is no blood test or brain scan that confirms social anxiety disorder. Diagnosis is based on a detailed conversation about your symptoms, the situations you fear, how long the problem has lasted, and how it affects your life.

A healthcare professional may ask whether the fear is difficult to control, leads to avoidance, is out of proportion to the actual risk, and has usually lasted at least six months. Short questionnaires can help identify symptoms and track progress, but they are not a diagnosis on their own.

The assessment may also cover depression, panic attacks, alcohol or drug use, eating problems, trauma, autism, attention difficulties, and thoughts of self-harm. These can occur alongside social anxiety or need different support.

A physical assessment or tests may be appropriate if symptoms could have another cause, such as a thyroid problem, a heart rhythm condition, medication effects, or substance use. The aim is not to prove that the anxiety is "physical" or "all in your head," but to understand the full picture.

Treatment and management

Treatment is chosen according to your symptoms, preferences, age, other health needs, and access to care. Psychological therapy is often the main treatment.

Cognitive behavioural therapy, or CBT, is particularly well studied for social anxiety. It helps you notice unhelpful predictions, test them against evidence, reduce self-focused attention, and

gradually face feared situations. Social-anxiety-specific CBT usually includes planned exposure, meaning repeated practice with situations you have been avoiding.

Exposure is gradual rather than forced. You might begin with a manageable step and work toward harder situations. Anxiety may rise at first, but practice can help the brain learn that discomfort is tolerable and feared outcomes are less likely than expected.

Therapy may also address harsh self-judgment, distressing memories of social experiences, and habits such as rehearsing, avoiding eye contact, or reviewing conversations repeatedly. Individual CBT has the strongest evidence, although guided self-help and group treatment may be suitable for some people.

Medication may be offered when therapy is unavailable, is not preferred, or has not provided enough benefit. Selective serotonin reuptake inhibitors like sertraline or fluoxetine , known as SSRIs, are antidepressants that can also reduce anxiety. Another type of antidepressant, an SNRI, may sometimes be considered.

These medicines usually take time to work. Early side effects can occur, and stopping suddenly may cause withdrawal symptoms. Decisions about starting, changing, or gradually stopping medication should be made with a prescriber. Children, teenagers, and younger adults need appropriate monitoring when starting an antidepressant because mood or suicidal thoughts can occasionally worsen.

Benzodiazepine like diazepam or lorazepam sedatives are generally not a routine long-term treatment because they can cause drowsiness, tolerance, and dependence. Beta blockers like metoprolol or propranolol may reduce shaking or a racing heartbeat in a specific performance situation, but they do not treat the wider patterns of social anxiety.

Helpful day-to-day steps include keeping regular sleep and activity routines, reducing heavy caffeine use if it worsens symptoms, and practising therapy skills between sessions. Alcohol should not be used as an anxiety treatment.

Complications

Without effective support, avoidance may gradually narrow daily life. Social anxiety can interfere with school attendance, qualifications, job interviews, workplace progress, friendships, intimate relationships, and medical care.

Depression and other anxiety conditions commonly occur alongside it. Loneliness, low self-esteem, and dependence on relatives or partners may develop. Some people use alcohol, cannabis, sedatives, or other substances to get through social situations, increasing the risk of harmful use or dependence.

Severe distress can contribute to self-harm or suicidal thoughts. This does not happen to everyone, but it requires prompt support when it occurs.

Prevention

There is no reliable way to prevent social anxiety disorder. Inherited temperament and early experiences cannot always be changed, and developing the condition is not your fault.

Recognising symptoms early and getting support may reduce their effect on education, relationships, and work. Gradually approaching manageable social situations may be more helpful than allowing avoidance to expand. This is not about forcing yourself into overwhelming situations; structured support can make practice safer and more useful.

For children and teenagers, taking persistent fears seriously, responding calmly, addressing bullying, and seeking help when school or friendships are affected may limit longer-term disruption.

Living with it and what to expect

Social anxiety can be long-lasting, but its intensity is not necessarily fixed. Some people improve substantially with treatment, while others continue to have symptoms that need ongoing management. Progress often happens over months rather than days.

During treatment, anxiety may temporarily increase as you begin facing situations you have avoided. Improvement may first appear as doing more despite anxiety, rather than feeling calm immediately. With repetition, fear and self-consciousness may lessen.

Setbacks can happen during periods of stress, major change, illness, or reduced practice. They do not mean that treatment has failed. Reviewing CBT skills, returning to gradual exposure, or arranging further treatment can help.

Many people build satisfying relationships, study, work, travel, and take part in public activities while managing social anxiety. Some continue to prefer smaller groups or quiet settings. The goal is not to change your personality or make you highly outgoing. It is to give fear less control over the choices you want to make.

When to get medical help

Arrange a routine appointment if fear or avoidance has lasted for months, causes significant

distress, or interferes with school, work, relationships, appointments, or everyday tasks. You do not need to wait until it becomes severe.

Seek help soon if you are increasingly relying on alcohol, sedatives, or other substances to manage social situations, or if depression, isolation, or inability to function is getting worse.

Get urgent mental health support if you are thinking about self-harm or suicide but are not in immediate danger. Contact a local crisis service, urgent healthcare service, or a trusted person who can stay with you.

Call emergency services or go to an emergency department if you may act on suicidal thoughts, have seriously harmed yourself, have taken an overdose, or cannot stay safe. If possible, do not remain alone while arranging help.

Common questions

Is social anxiety the same as being shy?

No. Shyness is a personality trait and does not always cause major distress or avoidance. Social anxiety disorder involves persistent fear that disrupts important parts of life. A shy person can have social anxiety, but many shy people do not.

Can social anxiety go away on its own?

Symptoms may become milder, especially when circumstances change, but longstanding avoidance often continues without treatment. CBT, supported practice, and sometimes medication can improve the chance of lasting recovery.

What is the best treatment for social anxiety?

Social-anxiety-specific CBT is one of the best-supported treatments. Antidepressant medication can also help. The most suitable approach is influenced by your preferences, symptom severity, previous treatment, other conditions, and available services.

Can I have social anxiety if I seem confident?

Yes. Some people appear confident while experiencing intense internal fear. They may prepare excessively, avoid certain situations, or hide physical symptoms. Public speaking ability or an outgoing manner does not rule out the condition.

Does social anxiety medication change your personality?

Antidepressants are intended to reduce anxiety, not change who you are. Some people feel emotionally different or experience side effects, while others do not. Any troubling change should be discussed with the prescriber rather than stopping medication suddenly.

Is social anxiety a form of autism?

No. They are different conditions, although they can occur together. Autism involves lifelong differences in social communication, sensory processing, interests, and patterns of behaviour. Social anxiety centres on fear of judgment or embarrassment. A careful assessment can separate overlapping features.

Sources

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