

# Social anxiety disorder: Much more than shyness

by Margot Shields

This article is an adaptation of "Social anxiety disorder—beyond shyness" in *How Healthy Are Canadians?*, an annual supplement to *Health Reports* (Statistics Canada Catalogue no. 82-003), published in October 2004. For a complete list of references, please consult the original work, available free at [www.statcan.ca/english/freepub/82-003-SIE/82-003-SIE2004000.htm](http://www.statcan.ca/english/freepub/82-003-SIE/82-003-SIE2004000.htm).

**M**ost people have felt awkward or embarrassed in a social or performance situation at some point in their lives. However, people with social anxiety disorder (also known as social phobia) experience much more discomfort than this. They go through life feeling extremely uncomfortable or paralyzed in social situations because they intensely fear being scrutinized or embarrassed. So they either totally avoid social encounters, or face them with dread and endure them with intense distress.<sup>1</sup> Although social anxiety disorder is often dismissed

as shyness, studies have shown it to have a chronic and unremitting course that is characterized by severe anxiety and impairment.<sup>2</sup> The disorder has been aptly described as "crippling shyness."<sup>3</sup>

It is difficult to estimate how many individuals actually have social anxiety disorder, as most people with the condition do not seek professional treatment for their fears. Social anxiety disorder was thought to be a rare and usually mild condition until the 1980s, when it was recognized as a separate disorder in the Diagnostic and Statistical Manual of Mental Disorders. Then in the 1990s, several epidemiological studies suggested that social anxiety disorder was associated with significant impairment and was far more prevalent than initially thought.<sup>4</sup> In fact, by this time, it was considered one of the most common mental disorders. Because few people are formally treated, however, epidemiological population-based studies are really the only way to estimate the prevalence of social anxiety disorder and the burden it can impose.

Using data from the 2002 Canadian Community Health Survey (CCHS): Mental Health and Well-being, this article presents current and lifetime prevalence rates of social anxiety disorder for Canadians

aged 15 years or older. It also discusses the age of onset, duration of symptoms, relationship with other mental disorders, the burden of the condition as well as the number of people with the disorder who sought professional help.

## **Performing or public speaking most scary for those with social anxiety**

According to the 2002 CCHS, just over 2 million Canadians aged 15 or older (8% of the total population) reported they had a "lifetime history" of social anxiety disorder; in other words, they had symptoms at some point in their lives. Approximately 750,000 people (3%) currently had the disorder, meaning they had symptoms in the 12 months before the survey interview.

The most commonly feared situation for people with social anxiety disorder was performing or giving a talk, but many reported facing several other situations with anxiety; for example, meeting new people, talking to authority figures, or entering a roomful of people. The majority with social anxiety disorder reported fearing 10 or more of the 14 social situations covered by the CCHS, and close to 95% feared 5 or more. For half of the situations, women were slightly more likely than men to report a fear.



## GST What you should know about this study

The Canadian Community Health Survey (CCHS) cycle 1.2: Mental Health and Well-being was conducted in the 10 provinces in 2002. The survey used the World Mental Health version of the Composite International Diagnostic Interview (WMH-CIDI) to estimate the prevalence of various mental disorders in the Canadian household population aged 15 or older. The CIDI was designed to be administered by lay interviewers and is generally based on diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Based on the advice of experts in the field of mental health, the WMH-CIDI and the

algorithms used to identify mental disorders were revised over a period of time. The questionnaire used for the CCHS is available at [www.statcan.ca/English/concepts/health/cycle1.2/index.htm](http://www.statcan.ca/English/concepts/health/cycle1.2/index.htm).

For some disorders, a set of screening questions was asked to determine if it would be appropriate to ask the respondent the more detailed questions designed to assess a particular disorder. This was done to reduce the number of questions posed to respondents without mental disorders. In some cases these screening questions were also used to categorize respondents as having a disorder.

## GST Social anxiety disorder is less prevalent among those aged 55 and older

	Lifetime	Current (past 12 months)
	%	
<b>Total</b>	<b>8.1</b>	<b>3.0</b>
<b>Sex</b>		
Men	7.5*	2.6*
Women	8.7	3.4
<b>Age group</b>		
15-24	9.4	4.7*
25-34	9.6	3.8
35-54	9.1	3.1
55 or older	4.9*	1.3*
<b>Marital status‡</b>		
<i>Married/common-law</i>	8.0	2.5
Widowed	7.0 <sup>E</sup>	2.4 <sup>E</sup>
Divorced/separated	12.7*	5.0*
Never married	12.0*	5.0*
<b>Education‡</b>		
Less than secondary graduation	9.1	3.9*
Secondary graduation	8.8	3.3
Some postsecondary	10.3	3.9*
<i>Postsecondary graduation</i>	8.9	2.7
<b>Household income</b>		
Low/lower-middle	9.8*	4.6*
Middle	7.8	3.0
<i>Upper-middle/high</i>	8.2	2.8

Note: Reference categories are marked in italics.  
Household population aged 15 or older, Canada excluding the territories.

<sup>E</sup> Use with caution.

‡ For people aged 25 to 64.

\* Significantly different from estimate for reference category ( $p < 0.05$ ).

Source: Statistics Canada, Canadian Community Health Survey: Mental Health and Well-being, 2002.

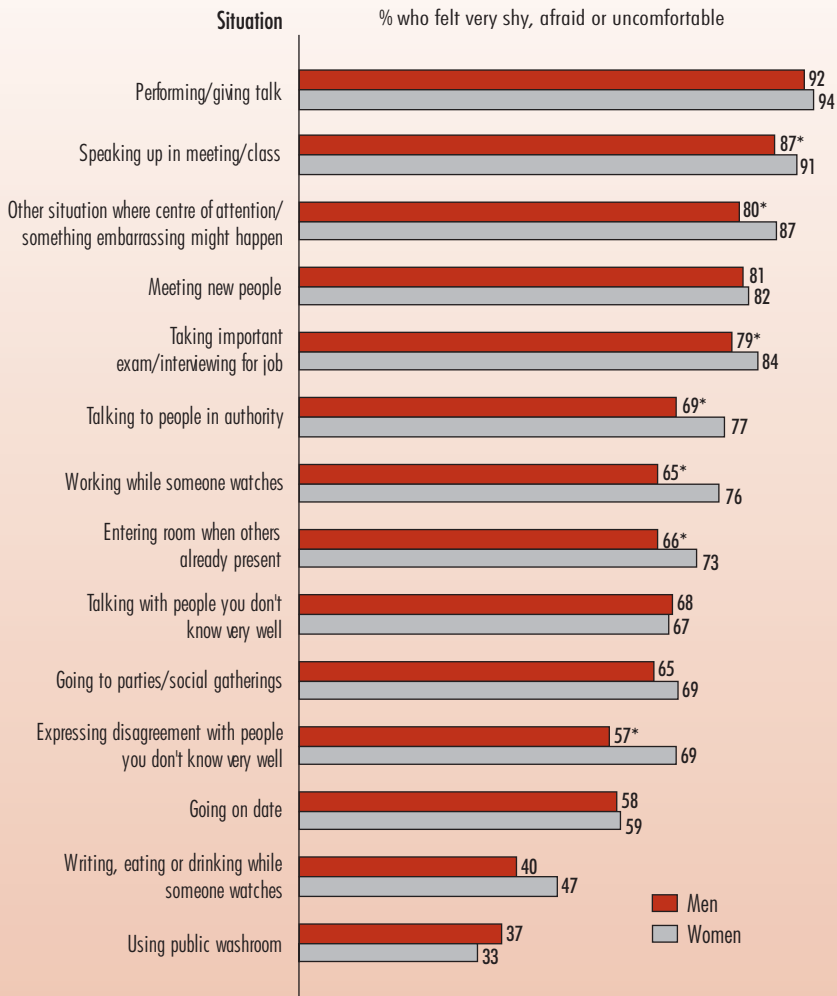
## Social anxiety disorder begins early in life

A striking feature of social anxiety disorder is its early age of onset: symptoms typically begin appearing in childhood or early adolescence. CCHS respondents were asked to report the age at which they first strongly feared or avoided social or performance situations. Among those with a lifetime history of social anxiety disorder, the average age of onset was 13; only 15% reported that symptoms first began after age 18. By contrast, the first symptoms of two other common disorders—panic disorder and depression—were evident much later, at ages 25 and 28, respectively.

Along with its early onset, social anxiety disorder can be a long-standing problem. Many studies have found that symptoms persist for years, often for two decades or longer.<sup>5</sup> Among CCHS respondents with a lifetime history of the disorder, the average duration of symptoms was 20 years. This underestimates the true burden of the disorder, because many were still suffering from it at the time of the survey.

## Social anxiety disorder more common among women

In 2002, women were more likely than men to have social anxiety disorder—both lifetime and current. The ratio



Note: Estimate for each situation excludes respondents who indicated situation did not apply. Household population aged 15 or older, Canada excluding territories.

\* Significantly lower than estimate for women (p < 0.05).

Source: Statistics Canada, Canadian Community Health Survey: Mental Health and Well-being, 2002.

previous decades is lacking. It is also possible that people with social anxiety disorder die at younger ages, or that the elderly may not recall symptoms of the disorder.

**Married people less likely to suffer from social anxiety disorder**

In 2002, the prevalence of social anxiety disorder was higher among people who had never married or who were divorced or separated (both 5.0%) than among married individuals (2.5%). Such relationships with marital status have been found in other studies,<sup>8</sup> and it is believed that the early onset of social anxiety disorder hinders the development of social skills, making marriage, or a successful marriage, less likely.

It is also thought that failure to acquire social skills early in life hampers educational success,<sup>9</sup> a finding supported by the CCHS. Individuals who had not completed their secondary or postsecondary education were more likely to have social anxiety disorder than were postsecondary graduates. In the case of postsecondary students, dropping out of school may relate to fears or discomfort surrounding a new social environment, such as starting another school and/or living in a city away from home.

**Social anxiety disorder more prevalent in lower income households**

According to the 2002 CCHS, social anxiety disorder was more prevalent among individuals living in lower income households. Furthermore, people who reported symptoms of social anxiety disorder in the past 12 months were less likely to have jobs, and those who did have jobs had lower personal incomes. This may partly result from the lower educational levels for people with social anxiety disorder, as well as difficulties remaining in a job that demands a fair amount of social interaction.<sup>10</sup> People with social anxiety disorder were also more likely

of the rates of women to men was 1.2 for lifetime social anxiety disorder and 1.3 for current (past 12 months). This is consistent with other community and clinical studies, which have generally found rates for women to be higher.<sup>6</sup>

Young people aged 15 to 24 were more likely to have current social anxiety disorder (4.7%) than the middle-aged (3.1%), while individuals aged 55 or older were less likely

(1.3%), a pattern also evident in other countries.<sup>7</sup> The CCHS lifetime rates were similar among those aged 15 to 54, after which they dropped off noticeably. It has been suggested that this may result from a cohort effect; that is, people born in the more distant past were less likely to develop social anxiety disorder than more recent cohorts. It is difficult to substantiate this theory, though, because prevalence information for

to be financially dependent. In 2002, 10% of those who had current symptoms lived in households reporting income from social assistance or welfare in the past 12 months, compared with 4% for people with no history of the disorder. These CCHS findings regarding financial dependence are consistent with those of other studies.<sup>11</sup>

### Social anxiety disorder associated with other conditions

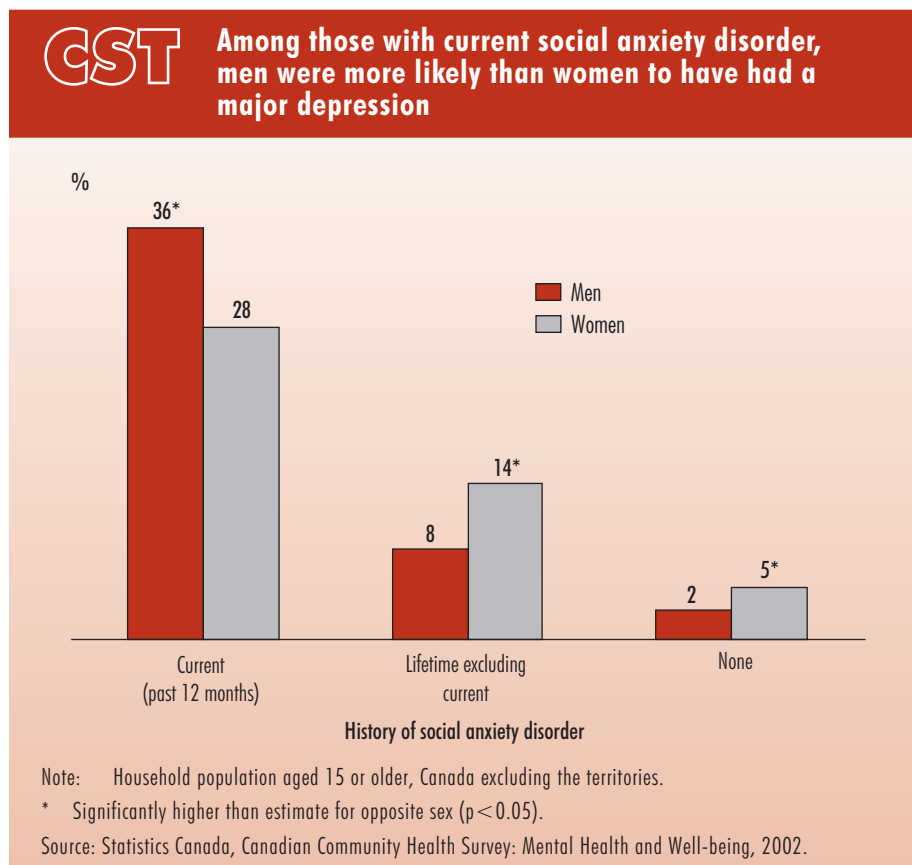
Substantial evidence indicates that social anxiety disorder is associated with increased risk of other anxiety, mood, and substance abuse disorders as well as the severity and persistence of these other mental conditions.<sup>12</sup>

People with current social anxiety disorder were over six times as likely as the general population to have a major depressive disorder, and they were three times as likely to suffer from substance dependency. Even individuals who no longer had symptoms remained at increased risk of having these other disorders. The relationship between social anxiety disorder and these other mental conditions persisted when examined in multivariate models that controlled for socio-economic factors.

It is thought that social anxiety disorder is more likely to be related to depression for women and to substance abuse for men.<sup>13</sup> When the CCHS multivariate models tested for an interaction between sex and history of social anxiety disorder, the only significant interaction was for depression. Among those currently reporting social anxiety disorder, men had a higher risk than women of also suffering from depression. In contrast, among those with a past history or no history of the disorder, depression was more prevalent among women.

### Other mental disorders often follow social anxiety disorder

According to CCHS data, social anxiety disorder often precedes other



mental disorders. In 2002, respondents with a lifetime history of social anxiety disorder and major depressive disorder reported that the symptoms of social anxiety occurred first in about 7 of 10 cases (69%). The age of onset for both disorders was the same in 13% of cases.

When individuals had lifetime histories of social anxiety disorder and panic disorder, social anxiety was evident at a younger age for 59%, and the age of onset was the same for both panic and social anxiety approximately one-quarter of the time.

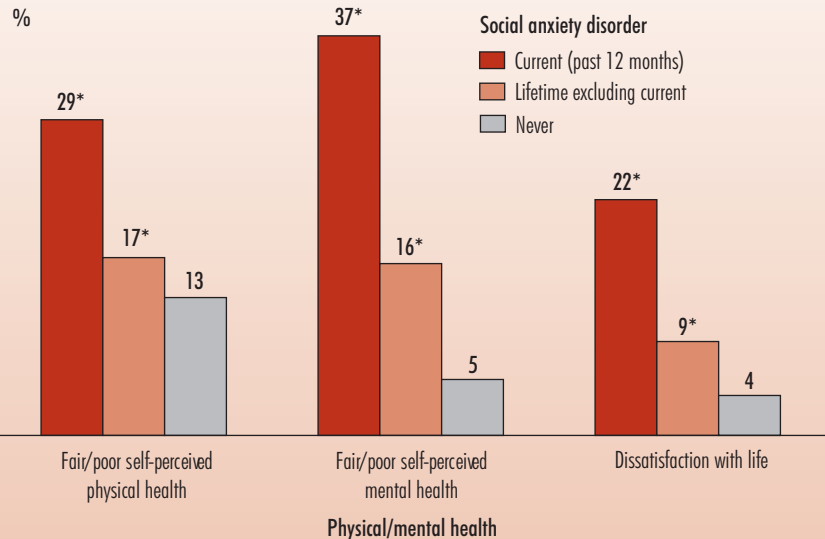
Although it has not been studied extensively, an association between social anxiety disorder and physical illness has been found.<sup>14</sup> CCHS respondents with current social anxiety disorder reported an average of 1.5 physical chronic conditions, significantly higher than the average number reported for those with a past history (1.2) or no history (1.1).

### People with social anxiety disorder lack social support

Previous studies have found that social anxiety disorder is associated with social isolation, disability, and reduced quality of life. CCHS data provide further evidence of these associations.

Four types of social support were measured in the CCHS: tangible support, affection, positive social interaction, and emotional or informational support. Tangible support is the most concrete type, and involves having someone to provide help when you need it—for example, if you are confined to bed or need someone to take you to the doctor, prepare meals, or help with daily chores. Affection is having someone who shows you love and affection, gives you hugs, or loves you and makes you feel wanted. Having someone to relax or have a good time with, or who helps get your mind off things, provides positive

**Those with current social anxiety disorder are seven times more likely to report fair/poor mental health than those who have never experienced the disorder**



Note: Household population aged 15 or older, Canada excluding the territories.

\* Significantly higher than estimate for "never" ( $p < 0.05$ ).

Source: Statistics Canada, Canadian Community Health Survey: Mental Health and Well-being, 2002.

compared with those with no history of the disorder. Individuals who previously had social anxiety disorder were more likely to report long-term activity limitations and disability days in the past two weeks compared with those with no history of the disorder, although their impairment rates were substantially below those of people who currently had the disorder.

**Dissatisfaction with life and health**

People with social anxiety disorder tended to have a lower quality of life, as indicated by their rather negative perceptions of their own health and their dissatisfaction with life. Close to 30% of people who currently had social anxiety disorder rated their physical health as fair or poor, compared with 17% of those who previously had the disorder, and 13% of those with no history of it. More than a third of people (37%) with current social anxiety disorder rated their mental health as fair or poor, compared with 16% who previously had the disorder and 5% with no history of the condition.

Dissatisfaction with life in general was also related to social anxiety disorder. More than 20% of people with current symptoms indicated that they felt dissatisfied, compared with 9% of people with a past history and 4% of those with no history.

**Measuring the burden**

The relationship between social anxiety disorder and social support, disability, perceptions of physical and mental health, and satisfaction with life persisted even after the effects of socio-economic characteristics (sex, age, marital status, education and income) were taken into account. When measures of major depressive disorder, panic disorder, substance dependency and other physical chronic conditions were introduced, the strength of the relationships did diminish, but in most cases, the associations remained statistically significant.

social interaction. Emotional or informational support comes from people who understand you and your problems, who can give you advice, and share your worries and fears.

Based on CCHS data, people with social anxiety disorder lack adequate social support. Compared with individuals with no history of the disorder, those who currently had it were over twice as likely to have low levels of each type of support. Although the situation was somewhat better for people who no longer had symptoms, they were still more likely to have low social support, compared with those who had no history of the disorder. Clinical studies have found that people with social anxiety disorder actually want social contact, but their fear of interacting prevents this from happening and leads to social isolation.<sup>15</sup> The early age of onset makes it particularly difficult to establish and maintain meaningful relationships.

**Activity limitations more common**

Compared with people with no history of the disorder, those with current social anxiety disorder were over twice as likely to report a long-term activity limitation. This means that they were limited in what they could do at home, school, or work or in leisure time because of a long-term physical or mental condition or health problem. They were also over two times as likely to report at least one disability day over the past two weeks; that is, they had spent at least one day in bed, or had cut down on their usual activities because of illness or injury.

Differences in disability days due to mental or emotional health problems or use of alcohol or drugs were even more pronounced. People with current social anxiety disorder were over 10 times more likely to report at least one disability day in the past two weeks due to mental health,

The appropriateness of controlling for other conditions and disorders when attempting to measure the burden of social anxiety disorder has been debated. In most cases, social anxiety disorder develops before other mental disorders, although a cause-and-effect relationship has not been established.<sup>16,17</sup> Nonetheless, some researchers have hypothesized that causal pathways may exist. For example, many people with social anxiety disorder use alcohol or drugs to help them cope, and this may lead to abuse or dependency.<sup>18</sup> In addition, the social isolation associated with social anxiety disorder and failure to achieve education and employment goals may increase the risk of depression.

The findings based on CCHS data are particularly relevant because, even when other mental and physical health problems are taken into account, the odds for all 10 outcome variables were elevated among people with current social anxiety disorder.

### **Majority do not seek treatment**

People with a lifetime history of social anxiety disorder were asked if they had ever seen or talked on the telephone to a doctor, psychologist, psychiatrist, social worker or other professional about their fear or avoidance of social situations. The majority had not. Only 37% reported that they had sought professional treatment, far below the rates for major depressive disorder (71%) or panic disorder (72%). Just 27% of individuals with current social anxiety disorder (those who reported having symptoms in the past 12 months) had received professional help in the past year. Those who did seek treatment often waited years before doing so. Among CCHS respondents with a lifetime history of social anxiety disorder, help was sought, on

average, 14 years after the age of onset. These low treatment rates for social anxiety disorder are consistent with findings from other studies.<sup>19</sup>

Failure to seek treatment may be directly related to the nature of social anxiety disorder. Because of their extreme social fears, people may be reluctant or embarrassed to discuss their symptoms with a health care professional; in fact, the effort of contacting and meeting such a professional face-to-face may be extremely difficult for someone with social anxiety disorder. As well, individuals with the disorder often attribute their intense fears to shyness. Because they are not aware that they have a recognized mental disorder, they do not consider professional help.

CCHS results, like those of other studies, indicated that seeking treatment for social anxiety disorder was far more likely if the person had another mental disorder. Among individuals with a lifetime history of both social anxiety and another mental disorder, 51% had sought professional treatment for their social fears—more than twice the rate for those with social anxiety alone (25%). The gap was even broader among those who had sought treatment in the past year: 43% of people with social anxiety in addition to another disorder reported receiving professional treatment versus 16% of individuals with social anxiety disorder alone.

The low treatment rates for social anxiety disorder and the number of years people wait before seeking treatment are troublesome given that, in many cases, the disorder can be treated successfully. In fact, among CCHS respondents who did have professional help, the majority (69%) felt that their treatment was helpful and effective.

### **Summary**

Social anxiety disorder has been described as an “illness of lost opportunities.” Results from the 2002 Canadian Community Health Survey: Mental Health and Well-being provide further evidence supporting this description. The disorder often begins in childhood or early adolescence: the self-reported average age of onset established using the CCHS data is 13. And symptoms persist—an average of two decades among CCHS respondents with a lifetime history of the condition.

This study of national data found that social anxiety disorder is related to lower educational attainment, reduced employment opportunities, low income and dependence on welfare or social assistance, decreased likelihood of marriage or of having a successful marriage, and social isolation. It is also associated with higher rates of disability, rather negative perceptions of physical and mental health, and dissatisfaction with life.

Although effective treatment is available, most people with social anxiety disorder do not seek professional help to deal with their fears. The effort and commitment required to start and maintain a formal treatment program can be extremely challenging for patients with social anxiety disorder, and if that initial hurdle can be overcome, finding a trained professional may be difficult. However, other studies suggest that early intervention and treatment may not only allow people with this disorder to realize their full potential, but it may also prevent subsequent mental disorders.



**Margot Shields** is a senior analyst with Health Statistics Division, Statistics Canada.

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