1   Social Phobia: a Self-Protective Interpersonal Pattern

What is social phobia? How can it be described? Before attempting that, it is perhaps well to remember that the "criteria" found in diagnostic manuals are not depictions of social phobia. Rather, these list its indicators; features considered as particularly prominent, allowing spotting social phobia — typically from someone's self-representation. As is the case with DSM and ICD, in principle there could be several sets of indicators, potentially all useful (not necessarily to the same degree) in identifying social phobia.

What conditions ought a description of social phobia satisfy? First, as an abnormal condition, social phobia has to be a significant behavioral or psychological pattern associated with considerable distress and impaired functioning, compromising the ability of such individuals to pursue desired goals and to participate fully in the life of their community.

Second, as a phobic pattern it concerns a state of anxious distress in the face of a looming threat. The state of fright may be widened to include attempts of the individual to come to grips with it; this straddles both the somatic and the interpersonal elements.

Third, it ought to give prominence to the social or interpersonal environment within which the social phobic pattern is embedded. This is indispensable because the fearful distress is evoked quite precisely by specific activities as actually performed or only when imagined in the presence of others or by interpersonal transactions in which the goals pursued, namely getting one's way and gaining approval from others, are experienced as dangerously unattainable or likely to fail. Finally, to describe the social phobic pattern is to depict the activity of the whole human organism, not the workings of a putative system (e.g. state of mind) or organ (e.g. brain) within it.

A concrete way of representing how persons embody social anxiety and enact the social phobic pattern is to depict three social phobic individuals.

Case Descriptions

"A" was a 47-year-old married woman with two grown-up children from a previous marriage and unemployed. She described her fears of others as originating with the death of her father when she was 5 years old. She felt then very much alone and defenseless. She found her mother domineering, harsh and unresponsive, neglecting her while favoring an older son. A's first marriage strengthened these fears as her husband repeatedly criticized her appearance and her clumsiness.

When seen, she reported being unable to interview for jobs or go into a store for fear of blushing and becoming incoherent when addressed by sales people. She avoided speaking in groups or on the telephone because of the "foolish" impression she might give, as well as avoiding public toilets where other women might hear her.

Socially, she was at ease only with her supportive second husband and grown-up children from the first marriage. She experienced small gatherings in which confident-looking and sounding people were present, as especially intimidating. When speaking about herself she was disparaging and apologized often for various shortcomings. She seldom expressed opinions, backed away from confrontation, and tended to be passive. She defied however, her French husband's insistence to move to France, on the grounds that her poor vocabulary and French-Canadian accent would make her a target of ridicule.

A lived (with her husband) in an apartment above that of her mother, reluctantly looking after the elderly woman who still dominated her. She approached her mother with trepidation, mostly choosing to do as told over being criticized sarcastically. The occasional non-compliance was justified by elaborate excuses repeated many times.

"B" was a 32-year-old woman, married and mother to two young children. While she considered herself as having always been shy, her difficulties began at the age of 14 when, in the middle of a presentation of a classroom assignment, she began experiencing a paroxysm of anxiety and could not go on. Since that day, she avoided all public speaking (e.g. classes at university in which this was a requirement).

At work in a bank, she gravitated towards assignments requiring no meetings or face-to-face contact with clients. She was able to function within these constraints until becoming pregnant, when she developed an intense discomfort ("hot in the face") in response to the attention that her pregnancy drew. She then began to dread the possibility of blushing while being the focus of interest. Gradually the discomfort generalized to other situations and she began fearing anyone approaching her — especially unexpectedly. At first, she attempted dissimulation

(moving a lot, sitting in dark places) and then avoidance of work (she did not go back to it after maternity leave) She began progressively to shun friends and family and apprehended going to the grocery store where she dreaded the supermarket owner's greetings and offers of help.

Her husband's business activities included a certain amount of socializing with partners, prospective clients and their spouses in which she was expected to take part. Her unacknowledged desire to avoid these was a source of constant friction; nevertheless she successfully hid her difficulties from her husband in whom she confided only 3 months before being admitted into treatment. During these outings she feared silences, being contradicted or queried.

Her relationship with her husband was beset by conflict as she dissembled by being evasive and "irresponsible" and he often found fault with her. In retaliation, she rarely expressed affection or appreciation of things he did or features of his personality. Their sex life was unsatisfactory. She was similarly stern with her children although much concerned about them. By contrast, she found it difficult to issue instructions and otherwise oversee the maid (e.g. criticize her work) who cleaned her apartment, for fear of blushing.

She set great store by propriety and attempted to achieve perfection in everything (e.g. appearance, manners). Imperfections of any kind (blushing, being in therapy) were carefully concealed. Circumstances in which she fell short of such standards were experienced with disquiet, especially if other people personified them with seeming ease.

"C" was a 35-year-old single man who worked as a machine operator at a printing plant. He felt always uneasy about meeting new people, as he would tend to stammer and slur his words initially. This was especially true in regards to meeting and dating women. At work he was uneasy in exchanges with the foreman and other people in authority. He was leading a rather inactive social life but had a small group of (mostly male) friends with whom he met regularly and whom he accompanied on outings to bars. He found it difficult to share intimacies even with them, and hardly ever spoke of himself (e.g. none was aware of his fears) or expressed an opinion. He confided only once – in a former girlfriend.

His most acute fear however, concerned writing, typically signing in front of others. The onset of this problem could not be established, but the triggering event took place in a bank. In order to draw money from his account, C would prepare a check at home and present it to the teller. On one occasion a teller demanded that he countersign the check. He argued meekly and inarticulately with the teller with anxiety mounting. Finally, he complied reluctantly and attempted to sign while

in the grip of panic. The teller refused to accept the check and C fled the bank premises with all eyes fixed on him. Since then he has drawn money from cash-dispensing machines and made purchases with cash and readymade checks only. Although wishing to take holidays abroad he avoided those for fear of trembling while signing, for example, credit-card slips under scrutiny.

While not as acutely distressing as the inability to write in public, his loneliness stemming from his fear of approaching available women and initiating courtship must be considered the most important problem in the long run.

The Social Phobic Response

Social anxiety or fear — evoked by engaging with others and thereby submitting to their reactions and scrutiny — is at the heart of the social phobic pattern of conduct. It involves a looming sense of danger accompanied by a heightened activation of the bodily mechanisms supporting defensive action. Figuratively speaking, social phobic individuals ready themselves for a desperate flight from or, with every evasive tactic failing, for a losing struggle with menacing others during various social interactions. Social anxiety has simultaneously a somatic and an interpersonal locus.

Somatic: In the face of an emergency, the body is readied for self-protective action. At such moments, it bustles with intense activity:

1. Palpitations — the heart pumps faster for the more blood circulates, the greater the energy. The blood is shifted from the skin to where it is needed most: muscles and brain. This results in cool extremities and pallor.
2. Fast breathing — supplies more oxygen.
3. Tensing up of muscles as readying for action occurs; at peak it results in trembling and incoordination of the hands and a mask-like rigidity of the face.
4. Sweating — through evaporation it cools off straining muscles.
5. An urge to urinate (in some an inability to do it). Intestinal cramps and alternating diarrhea and constipation and sometimes vomiting occur — needless processes in an emergency are aborted and waste evacuated.
6. Speech difficulties might arise due to labored breathing and incoordination of the muscles involved in articulation (being "tongue-tied").

7. Otherwise diminished responsiveness and blunted perceptiveness as vigilance is focused on identifying danger before it arises and reacting to it as soon as it does.
8. Pupils dilate to increase visual acuity.
9. Hair stands on end. Disappointingly, it is of little use. Unlike cats' enemies, those of humans are usually not impressed by such displays.

As a consequence, social phobic individuals frequently report neck and shoulder stiffness and headaches. Ahead of feared situations they experience palpitations, rapid breathing, tightening of the chest, heat and sweating, a queasy sensation in the stomach and gut and a pressing need to have a bowel movement or urinate. Some paradoxically are unable to relieve themselves in public.

Generally, these individuals describe experiencing an almost unrelieved dread, uncertainty and helplessness with much rumination directed towards guessing various conjunctures that may arise in the future and what various important people might be thinking of them. All the while they would also be brooding over their own awkwardness, unattractiveness, incompetence, and cowardliness. These are beheld with a sense of impending doom. Periods of discouragement and hopelessness, especially following setbacks, punctuate a fluctuating but uninterrupted sense of menace.

Some social phobic individuals dread blushing. Although this reddening of the face, ears, neck, and upper chest is a psychosomatic manifestation, it is not one of anxiety. Blanching rather than blushing prevails in fear. The facial expressions accompanying blushing (e.g. smiling, averting one's gaze and lowering one's head) are unlike the strained vigilance typical of fear. Finally, blushing occurs in a state of passivity and immobility, in contrast to the restlessness and agitation common to anxious states. Consequently, I shall consider blushing as a facet of a wider interpersonal pattern to be discussed below.

All anxious disorders might be said to involve an exacerbation of the above normal "stress-response," chronically extended. Social phobia is marked off from other such anxious states by the insistent attempts of such individuals to hide the physical manifestations of fear from the critical gaze of others. Some adopt a disguise: dark glasses, wide-brimmed hats, make-up, and turtlenecks to conceal blushing for example. The surest means to safety however, is keeping a distance from danger (i.e. avoiding evocative social occasions altogether or, if it cannot be helped, escaping) and hiding (i.e. remaining out of sight) or not drawing attention (e.g. saying little). As the cumulative social cost of such actions might be very high indeed (e.g. none are compatible

with working) most attempt dissembling. This is a "hair-raising" strat-
egy: feigning poise while dreading exposure as an impostor; the
"nervousness" (detailed above) or blushing threatening to let slip how
uncomfortable one really is. Use of alcohol or medication is common.
Acting as inhibitors of a fearfully overexcited nervous system, these
substances chemically induce a decrease in palpitations, hand tremors,
etc. and therefore offer some relief from the fear of attracting unwanted
attention.

While simultaneously seeking to master the bodily aspects of fear,
dissembling is essentially an interpersonal act aimed at creating a
positive impression or at the very least to conceal what is presumed
to elicit an unfavorable one. It hints at the paramount importance
of being in the good graces of others and the necessity to con-
form to their alleged expectations – typical of the social phobic
individual.

Interpersonal

Although wishing not having to deal with many frightening aspects of
social life and at times actually avoiding threatening social situations,
few social phobic individuals forgo it and literally choose seclusion.
Although weary, they recognize the opportunities that social life
provides (e.g. for a mate, companionship) as well as the harsh necessity
(e.g. making a living) dictating taking part. While specific challenges
(e.g. public speaking or eating, joining a group) might be desperately
avoided, social phobic individuals do participate in social life, but
exceedingly prudently. In addition to outright avoiding certain situations
and concealing the physical manifestations of fear and blushing
mentioned earlier, four interpersonal patterns woven into an overall
strategy minimizing risk-taking stand out.

First, social phobic individuals seek security in being liked. To this
end, they make themselves agreeable, smiling and nodding with interest
and approval with those they know. When not preoccupied with them-
selves, they can be well attuned to the needs of others and readily lend
an attentive ear or a helping hand. To put it negatively, they are not
unresponsive, demanding, critical, capricious or petulant. They are con-
ciliatory and tend to give in or take the blame for mishaps so as to
minimize frictions. Resentment and disappointment are carefully
dissimulated for fear of retaliation. Being treated correctly but imper-
sonally (i.e. not obviously appreciated) is experienced as disquieting.
Relationships of any kind, therefore, tend to be personalized with
much effort invested in being likable and gaining approval.

Second, to minimize strife and the possibility of loss of face in a skirmish they are bound to lose, social phobic individuals prefer to propitiate and appease. They are soft spoken, docile, and mild; not challenging or provocative. They keep out of power struggles, they are neither masterful nor eager to take charge. Rather, they readily fall in with the initiatives of others and tend to give in to pressure or intimidation, or at least give that impression. When not complying, they resort to elaborate justifications so as not to give offence; when in opposition they resist surreptitiously. When embarrassed (e.g. blundering, receiving praise, being teased) they turn their heads away, bow them, avert their eyes, grin or giggle, and some blush. This disarming pattern might be considered an appeasement or a submission display (Stein & Bouwer, 1997), thereby mitigating threats from potentially hostile others. Blushing considered narrowly as the reddening of the skin is baffling; it acquires meaning only when understood relationally and contextually.

Third, to stay out of trouble, social phobic individuals strive to lead a blameless life. For this, they adopt stringent standards of propriety and scruple; attempting, but not necessarily succeeding, to be beyond reproach. Despite being keen to please, they refrain from making promises lightly or manipulatively, as these might come to haunt them. In a similar vein various activities (e.g. work, grooming) are carried out in a spirit of seeking "perfection" designed to eliminate the possibility of mistakes or being in the wrong.

Fourth, social phobic individuals tend to lead a shadowy and furtive existence. They prefer escaping notice and staying out of the limelight at all costs, fearing, as all attention is on them, embarrassment will disable them from performing the required social activity (e.g. dancing, speaking in public, responding graciously to praise, engaging in sexual activities) to the standards they find respectable; plodding mediocrity is not. Social phobic individuals are rather self-effacing and pliant. Being singled out for criticism or even praise in front of a group is experienced as an ordeal, with so many witnessing their potential discomfiture (e.g. blushing) and ensuing disgrace.

Finally, social phobic individuals are rather passive participants in social life, given more to observation of others and ruminations about their own shortcomings. Others find them uninvolved, reserved, and inscrutable. They shun novelty (e.g. attractive strangers) as too dangerous for being unpredictable. Imposed changes (e.g. new neighbors) are experienced as menacing unless experience proves otherwise. Faults of commission (e.g. blundering) are guarded against as far more dangerous than faults of omission (i.e. missing out on opportunities).

Evocative Social Situations

Social phobic behavior or patterns of behavior listed by themselves are puzzling. They gain in meaningfulness by being considered contextually. Four categories of evocative situations highlight most social phobic responses.

First, judging by the intensity of the somatic manifestations of fear and associated subjective distress, fulfilling a social role and dealing with individuals enacting sanctioned authoritative and powerful roles embedded in hierarchical structures present the most threatening challenges to the social phobic individual. For most, these difficulties occur in formal/institutional situations (e.g. meetings, presentations at work) and concern acting authoritatively and dealings with people occupying positions of power. When facing authorities, social phobic individuals assume an obedient and overall submissive posture designed to placate and pacify, fearing otherwise to be found in the wrong, cut down to size − their pretentiousness soon punctured. Objectionable demands are resisted passively and stealthily. When exercising authority (e.g. instructing or leading) they are hesitant to assert themselves and to impose their views for fear of being challenged or sullenly resented, trying instead to satisfy everyone.

Yearning for approval while dreading criticism and dissatisfaction, social phobic individuals feel unable to argue their case, defend their point of view against critics, expose weaknesses in contending arguments, convince and carry the day. Rather, they feel powerless − at the mercy of others, having only themselves to blame for their shortcomings. Given their heightened anxious state while participating in meetings or presenting, such individuals typically fear blushing, shaking (e.g. hand tremor) or incapacitating surges of anxiety (i.e. panic) that would make it all but impossible to speak in public. Their embarrassing lack of poise, combined with what they consider a lackluster performance, adds insult to injury. During meetings they prefer to remain silent. If addressed directly and made to speak, they cannot refuse − but do not quite comply either. When attempting to communicate they are liable to meander inarticulately and inexpressively, talk rapidly in a strained and barely audible voice, usually failing to make an impact.

When faced with complex tasks to be performed in the presence of others (e.g. while instructed) social phobic individuals are liable to be distracted, failing to understand or even remember information or operations they have been shown recently.

Second, group membership and participation in its activities is a difficult area of social life for the social phobic individual. Collaborative

activities as a group (e.g. a dinner party) are entered upon defensively, in which self-protection (e.g. silence) is far more prominent than participation (e.g. describing an amusing incident, expressing an opinion). Such passive involvement marginalizes social phobic individuals.

Relationships among members of a group are not equal. All groups (e.g. family, peers, community) naturally involve ranking. Some members personifying the highest values of their community are more admired than others, some exercise leading roles. Unless otherwise organized, group life involves, in addition to collaboration, a fair amount of rivalry among others, for standing within it. Social phobic individuals find competitive activities, either symbolic (e.g. games) or in earnest (e.g. for a position or a desirable mate) threatening and forgo them. Consequently, they also shun self-promotion (as well as denigrating others, often its flip side), alliances with like-minded people in the furtherance of their interests, and the company of authoritative, glamorous, seemingly self-assured people.

Unsure of their ability to impress and be chosen, they fear that attempts to gain recognition might attract contempt and ridicule instead, further diminishing their rather uncertain standing within the group. Concerned both about losing and winning — thereby stoking the resentment of other competitors — they find it safer keeping out of the running.

Performing symbolic rituals (e.g. leading a prayer, toasting the bride and groom, performing a ritual dance at a wedding) and affirming group membership (e.g. sharing a meal or a drink with colleagues at work while participating in the conversation) are experienced as ordeals to be performed to the satisfaction of others and on which one's uncertain standing hinges. Failure to satisfy or, worse, ridicule if one is not up to standard, bring closer the possibility of becoming an outcast or being banished from the group in disgrace.

Third, strangers as unfathomable sources of threat are watched warily and studiously avoided. An attempt of establishing contact with an individual or joining a group after all might be greeted with indifference or end in rebuff, confirming the social phobic individual's insignificance. Accepting strangers' attentions might be exciting but it opens the door to potentially disastrous entanglements, as their interest is likely to turn to disappointment and rejection. Strangers among a group of familiar people (at a party, at work), although less threatening, are nevertheless assessed for their potential of being dismissive and overbearing, especially if sounding and looking confident or particularly attractive.

Such diffidence with relative strangers typical of social phobia is a major handicap for personal life in the countries of the industrialized world where meeting potential partners and subsequent courtship depends entirely on individual initiative and ability to win someone over, sometimes against keen competition. Many social phobic individuals are chosen rather than actively pursuing somebody they have singled out. Men are at a greater disadvantage under such arrangements, as they are culturally expected to take the initiative. Furthermore, the choices open even to the more adventurous social phobic individuals are restricted, for the more attractive potential mates are viewed as in great demand and therefore more likely to be dismissive or soon to lose interest and pursue brighter prospects elsewhere.

Fourth, intimate relations set in relief both strengths and weaknesses in the social phobic pattern. The eagerness to please and gain the appreciation of others, while dreading disapproval, is one of the threads running through the description of social phobia so far. If striving for the liking and high regard of someone while wishing to satisfy them is at the core of relations of intimacy and love, it might be said that social phobic individuals are driven to try to form a manner of intimate relations as a rule, even where they are unlikely to be found, as in group and institutional life, normally characterized by rivalry (as well as cooperation) and impersonal power relationships. Such misdirected efforts undermine adequate functioning in the public sphere.

However, the longing to be liked and treated with consideration and kindness common to social phobia brings a great strength to love relationships or intimate friendships – once they are formed. Social phobic individuals are in their element in relationships where affection, respect and dependency are reciprocated. In such a secure context they may learn to drop their guard, take initiative or even take charge, become less calculating, more spontaneous and adventurous (e.g. more reckless) and powerful, and therefore less than perfect. Domineering partners, however, exacerbate the anxieties and frustrations of submissive social phobic individuals, stoking their insecurities. Emotional expressivity (e.g. of affection but especially anger) is circumscribed. Passive/aggressive gestures of omission or commission – enacted unseen – abound instead.

It is important to note that fearful and self-protective responses are not monolithic; social phobic individuals are most discerning. Their responses therefore are highly differentiated from situation to situation, the danger inherent in it dependent on the category and other parameters. The most dangerous are those concerning competitive performances as a social actor on public occasions. The formality of