



Social Phobia Demonstration

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Dialogue Between Presenters

John: Are you ready?

Dianne: No, I'm feeling really nervous. My palms and arm pits are sweaty (even though I used extra deodorant), my mouth is dry, I'm feeling shaky all over and sick to my stomach, and I don't know if I can remember what to say. Right now I'd just like to find the door and leave.

John: While it is true you could leave now, and you would probably feel less anxious, you could stick around and also feel better after awhile by facing your fears. Remember, social situations are not generally dangerous. The alarm state you are experiencing right now is left over from the cave man days when the appropriate response was to fight or flee. Would you be open to seeing what we can do to help you feel more comfortable right away?

Dianne: Yes, what did you have in mind? **John:** I'd like to have you check your breathing and any pockets of tension that you might be feeling in your body.

John: Now I'm wondering what you are thinking that's making you feel so anxious?

Dianne: I'm worried to my colleagues will notice how nervous I am and will think I'm an incompetent EFAP provider.

John: Let's check the evidence supporting your belief. It lets use a pie chart. Of the ___ people here today, how many do you think will notice your physical symptoms?

Dianne: Everyone.

John: Okay, lets take a quick poll. How many of you were even paying attention? Of those who were paying attention, how many noticed Dianne's physical symptoms?

John: Okay Dianne, let's suppose a few do notice, particularly now that I have drawn their attention to it! Of those that do notice your shakiness, how else might they interpret what they see besides as signs of anxiety?

Dianne: Perhaps that I am excited, or as Silken Lauman says, "Being nervous means you care."

John: Okay, of those that pay attention, notice your symptoms and correctly interpret them as signs of anxiety, how many will think badly of you? What else might they think? What would you think in their position?

Dianne: Glad I'm not in her shoes!

John: How many will even care? Knowing the audience here today, how many do expect will be sympathetic and supportive?

Dianne: Most.

John: Any other worries or concerns?

Dianne: I'm also concerned that some of my colleagues will know more than me on this topic.

John: How would it be so terrible if a few of them know more than us? What's the worst that can happen? What would be so bad about that? What else could happen? Is how your colleagues respond today really so important that your whole future depends on it?

Dianne: I suppose it's not all that likely I'll flub this presentation, and even if I did, I think I could survive to present another day.

John: How are you feeling now? **Dianne:** Much better, thanks.

John: How would be if we did something here today that would make it much less likely for you to go through this again next time you present?

Dianne: Okay, what did you have in mind?

John: First let me ask if you could get rid of this problem, would you prefer to do it all at once or gradually? That is, if this problem were a bandaid, would you yank it off or peel it back slowly?

Dianne: Let's go for yanking it off. I'd prefer to get it over with, even though that might be more stressful in the short term.

John: Okay, let's suppose everyone notices you're anxious and thinks badly of you, or is far better informed on the topic than you are. How do you expect they would show it?

Dianne: My worst fears are that members of the audience will: 1. Ask questions about numbers or statistics from research that I haven't read, 2. Look disinterested or bored, and 3. Talk to each other instead of listening.

John: That's fine. Now let's see if we can recruit audience members to live up to your worst fears. In addition, I need a volunteer to be a time keeper and record keeper.

This person will call out SUDS at one minute intervals, and write down what you tell them. For those who don't know what SUDS are ...

Subjective Units of Disturbance Scale

0	50	100
No anxiety at all	Starting to interfere	Maximum anxiety

John: The only other thing we need to know are your goals for this exercise. What do you hope to accomplish?

Dianne: I just want to get through the speech, and increase my comfort level. But before I start, I think I'll check my breathing. No one will notice if I put my hand on my abdomen momentarily... breathing more slowly now. Now I'll check my mental hygiene remembering that anxious folks are prone to making two types of thinking errors. The first is overestimating the probability of something going wrong. I know that realistic probability of everyone hating my lecture is not high. The second type of error is catastrophizing about the consequences something going wrong. Well, I do know that situations, including this one, are not dangerous. Besides, what other people think of me is none of my business (Ellen DeGeneres).

John: Let's check on your pattern of SUDS scores. Notice how it began moderately high, peaked quickly, and dropped off slowly as you continued to talk. In general, we encourage clients to persist through the exposure until their SUDS drop lower than half of maximum. Let's see, you peaked at about 90, and dropped below 30 toward the end. Congratulations, you made it! How do you feel?

Dianne: Pretty good thanks. I made it through the speech, and I am feeling much more comfortable now than I did at the beginning.

John: Now the trick is to find real-life situations in which to practice giving public lectures. How might you create opportunities for this kind of real-life exposure in the near future?

Dianne: I suppose I could volunteer to make additional presentations through work. Also, I might want to consider joining ToastMaster's.

John: That sounds good. Remember, with each exposure it is important to persist until your SUDS are less than 50 percent of maximum. Then, make sure to repeat the exposure sufficient number of times that your initial SUDS never get any higher than about 30. If you need additional help, there's always group cognitive behavioural therapy, individual booster sessions with me, and assertiveness training courses at the college. Good luck, and all the best with this.

Dianne: Thank you.

John: Now I would like to summarize what just happened by reviewing the three components of cognitive behavioural therapy for social anxiety: management of physical symptoms, cognitive restructuring, and exposure. I will close off by presenting some interesting research findings from pre-post testing and satisfaction surveys we have done.