

# SOCIAL ANXIETY DISORDER

The condition known as social phobia in *DSM-IV* has been renamed social anxiety disorder in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. This change reflects a new and broader understanding of the condition in a variety of social situations.

In the past, social phobia primarily was diagnosed if an individual felt extreme discomfort or fear when performing in front of others. Research has shown that this definition is too narrow. With *DSM-5*, social anxiety can be diagnosed because of an individual's response in a variety of social situations.

The person, for example, may be so uncomfortable carrying on a conversation that he is unable to talk to others, particularly someone he doesn't know. A person who is anxious over being observed may be unable to go out to dinner because she fears being watched while she is eating and drinking.

## *Changes in Diagnostic Criteria*

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Social anxiety disorder is about more than just shyness and can be considerably disabling. A diagnosis requires that a person's fear or anxiety be out of proportion—in frequency and/or duration—to the actual situation. The symptoms must be persistent, lasting six months or longer. In *DSM-IV*, the timeframe was required only for children; *DSM-5* expands this criterion to include adults as well. The minimum symptom period reduces the possibility that an individual is experiencing only transient or temporary fear.

To be diagnosed with social anxiety disorder, the person must suffer significant distress or impairment that interferes with his or her ordinary routine in social settings, at work or school, or during other everyday activities. Unlike in *DSM-IV*, which requires that the individual recognize that his or her response is excessive or unreasonable, the *DSM-5* criteria shift that judgment to the clinician.

The clinician also will work to determine whether the person's reaction might be explained by such reasons as a more general anxiety or an adverse response to certain medications. If the person suffers from another medical condition—for instance, stuttering or obesity—the fear or anxiety experienced must be unrelated to the other condition or out of proportion to what would normally be felt.

## *Diagnosis in Children*

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Several criteria changes are specific to children to address social anxiety disorder at young ages. *DSM-IV*'s list includes severe, prolonged crying or tantrums, becoming physically immobilized, or shrinking away from other people. *DSM-5* includes two more

behaviors: extreme clinging and not being able to speak in social situations. All six behaviors can occur as a reaction to people the child knows or to strangers.

*DSM* is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish *DSM-5* in 2013, culminating a 14-year revision process. For more information, go to [www.DSM5.org](http://www.DSM5.org).

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at [www.psychiatry.org](http://www.psychiatry.org) and [www.healthyminds.org](http://www.healthyminds.org).