



# Strengthening Human Development: Mindfulness, Hope & Optimism :- “SOCIAL ANXIETY DISORDER AND ROLE AND APPLICATION OF HOMEOPATHY AND MINDFULNESS TECHNIQUES AS LINE OF TREATMENT”

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## **ABSTRACT:**

Social anxiety disorder is less of a SAD expression & more of a SHY expression. It is a chronic debilitating mental illness characterized by a marked & persistent anxious fear related to one or more social or performance situations involving reflection of negative facial expressions & exposure to familiar or unfamiliar situations with people followed with embarrassment & avoidance. The aim of the study that was completed at DIPR, DRDO is to study the concept and literature of social anxiety disorder. To understand application of social anxiety questionnaire for adults (saq-a30), test anxiety inventory for analysis of social anxiety among patients. To understand the continuum and relation of social anxiety with suicidal ideation attributes scale & beck's hopelessness scale. To understand the application of homeopathic treatment as intervention in social anxiety disorder using homeopathic repertoire / rubrics evaluation & case taking. To understand the psychological interventions including mindfulness and applied relaxation / yoga techniques and social skills training in social anxiety disorder. The test subjects/patients were obtained from various hospitals and polyclinics from district Gurugram. After following up with each case the inferences were drawn thus obtaining average scores from both test anxiety inventory and SAQ A30 including both pre and post treatment. They were given homeopathic medicines along with various psycho therapies including mindfulness log sheets. The prevalence ratio was found to have females suffering from social anxiety more as compared to males. The graphs obtained revealed patients need proper counselling over a long period of time especially to go for social skills training. Practicing mindfulness and applies relaxation techniques was found very much beneficial and have overall improved major stress level and quality of life.

Keywords : Homoeopathy, Mindfulness, Social anxiety disorder, social skills, test anxiety.

## **INTRODUCTION :-**

Social anxiety disorder is less of a SAD expression & more of a SHY expression. It is a chronic debilitating mental illness characterized by a marked & persistent anxious fear related to one or more social or performance situations involving reflection of negative facial expressions & exposure to familiar or unfamiliar situations with people followed with embarrassment & avoidance. It is common anxiety issue especially in organizational setups and is highly co-morbid with other disorders including substance abuse, PTSD, depression, etc. It affects individuals, their families & societies with impairment in overall quality of life. The condition exposed to repeated stimuli over 6 months becomes chronic resulting in social phobia. The key feature of social anxiety disorder, according to the Diagnostic and Statistical Manual of Mental Disorders is “a marked and persistent fear of social or performance situations in which embarrassment may occur.” DSM-5 includes anxiety or fear in single or multiple situations where person is exposed repeatedly to possible scrutiny of others causing significant impairment or distress, an important area of functioning. Exposure to such situations produces considerable anxiety, often as intense as a panic attack, with associated physical symptoms such as sweating, shaking, garbled speech, blushing, palpitations, and gastrointestinal and respiratory distress. “This fear is key because mental and behavioral health treatment necessarily includes a social component, and those who try to recover on their own are rarely successful.”<sup>[1][2]</sup>

**Etiology:-** Recent evidence suggesting extended amygdala an essential reason and performance based anxiety have greater response on autonomic nervous system including elevated heart rate, fluctuations in multiple neurotransmitter systems including serotonin, dopamine, glutamate resulting in multiple pathogenesis in both mental as well as physical symptomatology. Pathophysiology includes a variety of neurotransmitter systems, including serotonin, norepinephrine, dopamine, GABA, and glutamate have evidenced abnormalities in SAD.<sup>[3][4]</sup>

**Prevalence :-** The 2008 National Comorbidity Survey – Replication (NCS-R) provides prevalence estimates of 12 month and life-time prevalence of DSM-IV SAD as 7.1% and 12.1% respectively with a higher prevalence in females rendering SAD the fourth most common psychiatric disorder, behind Major Depression (16.6%), Alcohol abuse (13.2%), and Specific Phobia (12.5%). The incidence of SAD in India is 2.79% and the prevalence of 1.47 % ( 2004).<sup>[5][6]</sup> Studies on Indian student population (who are in the vulnerable age group), especially a comparative study on Social Anxiety Disorder are scanty. 50 to 80% of people with social anxiety disorder presenting to health services have at least one other psychiatric condition, typically another anxiety disorder, depression or a substance-use disorder. The most common type of anxiety disorders in children was found to be social anxiety disorder (83.33%) and separation anxiety disorder (76.66%).<sup>[7][8][9]</sup>

**Continuum of social anxiety disorder :-****(1) Anticipatory phase/Introversion/Shyness :**

Contemplating the situation & over thinking about the situations for potential threats. Fear of negative evaluation. Generating negative beliefs about one self “I am unworthy” “I cannot cope” “I am uninteresting” mental burnout. You procrastinate out of fear of disapproval or failure thus delaying phone calls, delaying tasks and projects, delaying difficult issues at offices, re-scheduling health appointments etc. <sup>[10]</sup>

**(2) Situational exposure :**

Excessive self – focus with efforts to stay safe. Excess worries resulting in fear of being judged with misplaced focus. Heightened self-focus with avoidance or escaping social situations. Physical symptoms include sweating, dry throat, blushing, avoiding eye contacts with focus on self “I am stupid” “I am sweating” “people think I am boring” “my face and clothes are not okay” facial expressions with nail biting. <sup>[11]</sup>

**(3) Post event processing :**

Concluding the events to be more negative than it really it was resulting in possible disapproval and failures. The anxiety is out of proportion as compared to the actual dangers posed by situations. Overwhelmed. Humiliation. Dwelling on what went wrong. <sup>[12]</sup>

**REVIEW OF LITERATURE :**

- 1) DSM-5 (American Psychiatric Association 2013 ), have predominantly fears of performance such as public speaking, with relative sparing of social interaction situations.
- 2) WebMD, 2019 Some physical symptoms of social anxiety are rapid heartbeat, muscle tension, dizziness, light headness, stomach trouble, inability to catch breath, and “out of body” sensations. Due to the fact that SAD increases anxiety, one who suffers from this disorder tends to get increased anxiety before an event resulting in increased worry and anticipation weeks prior to event.
- 3) Columbia University Clinic for Anxiety and Related Disorders (CUCARO), 2019 social anxiety also known as social phobia, is the third most common mental health disorder. It affects 5%-12% of the U.S. population at some point throughout their lifetime. This disorder affects 5% of children and adolescents. Although social anxiety cases tend to start in adolescence these situations can begin to show as early as preschool.
- 4) Kashdan and Collins present an innovative method for studying social anxiety, using an ecological momentary assessment approach. This approach is based on recent research showing that social anxiety is associated with diminished positive affect and elevated anger. Results demonstrated that social anxiety was associated with more time spent feeling angry and less time spent feeling happy and relaxed throughout the day.
- 5) Chaker, Hofmann, and Hoyer examined the efficacy of a one-weekend group therapy for the fear of blushing, a specific syndrome that is usually subsumed under the diagnostic category of SAD. <sup>[13][14]</sup>

[15] [16] [17] [18] [19] [20] [21]

## RELATION BETWEEN ANXIETY AND SUICIDE :-

Anxiety and Suicide Anxiety is a widely-purported risk factor for suicidality. According to Beck's cognitive model of suicide (Wenzel & Beck, 2008), anxiety contributes to attentional fixation on suicide thoughts, which leads to suicidal behavior. Suicide 3 prevention organizations (e.g., American Association of Suicidology, 2016; American Foundation for Suicide Prevention, 2016; National Suicide Prevention Hotline, 2016; Veterans Crisis Line, 2016) and a large corpus of research (for a review, see Bentley et al., 2016) also support anxiety as being related to suicidality. <sup>[22] [23]</sup>

## AIM & OBJECTIVES :-

- 1) To study the concept and literature of social anxiety disorder.
- 2) To understand application of social anxiety questionnaire for adults (saq-a30), test anxiety inventory for analysis of social anxiety among patients.
- 3) To understand the continuum and relation of social anxiety with suicidal ideation attributes scale & beck's hopelessness scale.
- 4) To understand the application of homeopathic treatment as intervention in social anxiety disorder using homeopathic repertoire / rubrics evaluation & case taking.
- 5) To understand the psychological interventions including mindfulness and applied relaxation / yoga techniques and social skills training in social anxiety disorder.

## MATERIALS AND METHODS :-

The test subjects/patients were obtained from various hospitals and polyclinics from district gurugram. There is no demographic data or graph maintained as sample size is very small. The inclusion criteria consist of persons from age group 20-50 years of age who are suffering from anxiety issues in social situations presenting with other physical symptoms. Cases were screened after fulfilling diagnostic criteria and exclusion criteria. The exclusion criteria contains patients with severe comorbidities. The test subjects are subjected through thorough homeopathic case taking along with various psychological inventories/scales. A totality of symptoms was erected in each case and remedy was selected using homeopathic materia medica and homeopathic repertoire. After following up with each case the inferences were drawn thus obtaining average scores from both test anxiety inventory and SAQ A30 including both pre and post treatment. They were given homeopathic medicines along with various psycho therapies including mindfulness log sheets. The follow ups were taken every 5-10 days with no use of any conventional medicines. They are also given various other activities including social skills training and relaxation with counselling over a period of 2-3 months.

## PSYCHOLOGICAL ASSESSMENTS :-

TEST ANXIETY <sup>[25]</sup>

SOCIAL ANXIETY QUESTIONNAIRE FOR ADULTS (SAQ – A30)

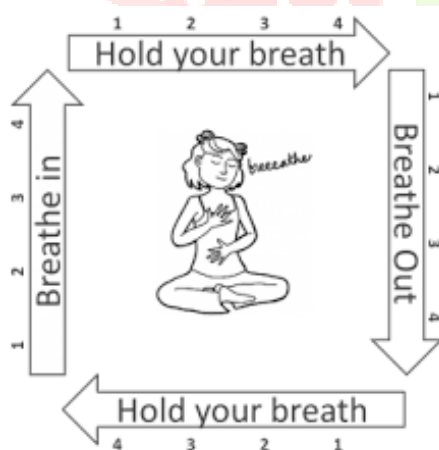
SUICIDAL IDEATION ATTRIBUTES SCALE

BECK HOPELESSNESS SCALE

**PSYCHOLOGICAL INTERVENTIONS :-****(1) Mindfulness intervention:-**

Mindfulness is a relaxation strategy that can be helpful in calming the mind by reducing our tendency to try to control it, which often makes the anxiety worse. Mindfulness techniques focus on facts and objective information about current experiences, including emotions, thoughts, memories, and sensations. One study in 2009 suggests mindfulness meditation can reduce rumination, anxiety, and depression in people with social anxiety, while also increasing self-esteem. Research in 2011 suggests that meditation helps reduce mind-wandering, which is often associated with being less happy. Meditation changes the structure of the brain in ways that appear to boost memory and learning, while decreasing anxiety and fear. This form of mindfulness meditation can involve techniques like: sitting meditations, incorporating mindfulness into your daily routine, breathing exercises, body scanning, yoga. Sit quietly with your feet on the floor, or lie down, and relax your body.

1. Begin with some slow, diaphragmatic breathing. Focus your mind on your breath as it flows in and out of your nostrils. Continue to follow your breath to whatever extent you can.
2. As you breathe, notice the tendency of the mind to wander. Instead of trying to focus just on the breath, just notice what the mind does. It may wander to a worry, or a memory, or to what you plan to do later today.
3. Allow the mind to wander as it will, time after time. Avoid the tendency to try hard to focus on something. Simply allow your mind to wander and then bring yourself back to your breath. Notice the tendency of your experience to change. Continue to practice this for about 10 minutes. Depending on your schedule you can add time to your practice if you want. Practice once or twice a day.

**(2) Applied Relaxation techniques / intervention :-****(3) Social skills training technique :-**

social skills training is a type of psychotherapy that works to help people improve their social skills so they can become socially competent. SST is predominantly a behavioral therapy can also be used in some situations to maximize the success of SST. This psychotherapy can be done one-on-one or in a group situation. This includes contents/activities such as starting and maintaining conversations, assertiveness, paying and accepting compliments, making and keeping friends, and training in public speaking.

**HOMEOPATHIC INTERVENTION/ RUBRICS EVALUATION:-**

**Case A : LYCOPODIUM POTENCY 200 - GIVEN**

Investigation window for remedies

125 % Millennium view (progressive)

Clipboard 1

- MIND - IRRITABILITY (570) 1
- MIND - LOVE - perversity; sexual (24) 1
- MIND - SENSITIVE (244) 1
- MIND - CONFIDENCE - want of self-confide... (161) 1
- MIND - COWARDICE (102) 1
- MIND - TIMIDITY (158) 1
- MIND - FEAR - failure, of (32) 1
- MIND - FEAR - alone, of being (84) 1
- MALE GENITALIA/SEX - EJACULATION - quit... (44) 1
- EYE - PHOTOPHOBIA (232) 1
- GENERALS - FOOD and DRINKS - sweet... (198) 1
- GENERALS - FOOD and DRINKS - oysters... (12) 1
- GENERALS - FOOD and DRINKS - cold dri... (49) 1

	lyc	phos.	nux-v.	sulph.	nat-m.	chin.	sil.	calc.	atg-n.	bry.	stram.	merc.	bar-c	puls.	gels.	ars.	rhus-t.	bell
1	13	12	12	11	11	10	10	10	10	10	10	10	9	9	9	9	9	9
2	34	23	20	22	21	21	21	20	19	19	17	16	21	21	19	18	17	15

**Case B : BARYTA CARBONICUM POTENCY 200 - GIVEN**

Investigation window for remedies

Take the current symptom with intensity 4 (+4)

125 % Millennium view (progressive)

Clipboard 3

- MIND - AILMENTS FROM - embarrassment (22) 1
- MIND - FEAR - strangers, of (24) 1
- MIND - COMPANY - aversion to - strangers, z... (21) 1
- MIND - DELUSIONS - laughed at and mocke... (16) 1
- MIND - DELUSIONS - laughed at and mocked ... (1) 1
- MIND - IMBECILITY (142) 1
- MIND - CHILDISH behavior (64) 1
- MIND - TIMIDITY - bashful (65) 1
- MIND - DEVELOPMENT of children arrested (21) 1
- MIND - DELUSIONS - legs - cut off; legs are (7) 1
- THROAT - TONSILS; complaints of (21) 1
- PERSPIRATION - ODOR - offensive (121) 1
- GENERALS - WEATHER - change of weat... (100) 1
- GENERALS - FOOD and DRINKS - sweet... (195) 1
- GENERALS - FOOD and DRINKS - eggs - t... (38) 1
- GENERALS - FOOD and DRINKS - warm f... (75) 1

	bar-c	puls.	phos.	sulph.	lach.	sep.	calc.	sil.	carb-v.	ign.	nux-v.	thu.	ambr.	lyc	bell.	stram.	caust.	carr.
1	16	11	11	10	10	10	9	9	9	9	9	9	8	8	8	8	8	8
2	29	22	20	20	18	15	15	15	14	14	14	13	15	15	14	14	10	9

**Case C : NATRUM MURIATICUM POTENCY 200 - GIVEN**

Investigation window for remedies

Take the current symptom with intensity 4 (+4)

125 % Millennium view (progressive)

5. Clipboard 5

1. MIND - SENSITIVE - rudeness, to (16) 1
2. MIND - AILMENTS FROM - rudeness of others (18) 1
3. MIND - AILMENTS FROM - embarrassment (22) 1
4. MIND - AILMENTS FROM - rejected; from being (2) 1
5. MIND - AILMENTS FROM - mortification (63) 1
6. MIND - SENSITIVE - criticism; to (20) 1
7. MIND - AILMENTS FROM - domination - child... (12) 1
8. MIND - GRIEF - prolonged (8) 1
9. MIND - ABSENTMINDED (226) 1
10. MIND - WEEPING - cannot weep, though sad (27) 1
11. MIND - CONSOLATION - agg. (48) 1
12. RECTUM - CONSTIPATION (402) 1
13. HEAD - PAIN - sun, from exposure to (66) 1
14. GENERALS - COLD - take cold; tendency ... (161) 1
15. GENERALS - FOOD and DRINKS - salt - (... (104) 1

	nat-m.	staph.	carc.	sep.	calc.	nux-v.	sulph.	puls.	ign.	aur-m'm.	cocc.	ph-ac.	lyc.	phos.	nit-ac.	acon.	chin.	mer.
1	15	13	13	10	10	9	9	9	8	8	8	8	7	7	7	7	7	7
2	38	24	18	20	17	17	17	16	17	12	12	12	16	14	13	12	11	11

**Case D : CARCINOCIN POTENCY 30 - GIVEN**

Investigation window for remedies

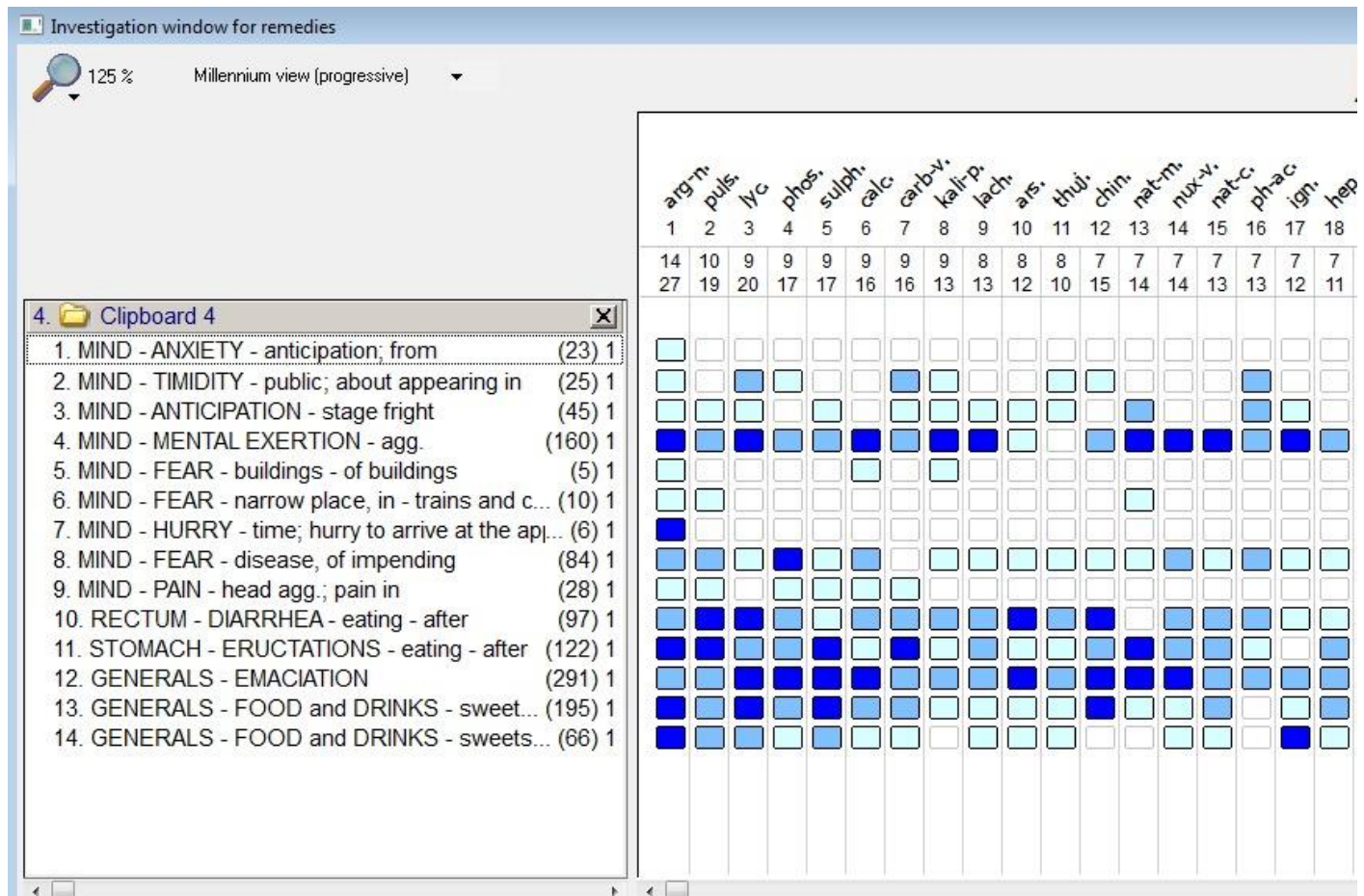
125 % Millennium view (progressive)

2. Clipboard 2

1. MIND - TRAVELLING - desire for (47) 1
2. MIND - AMBITION - increased (55) 1
3. MIND - BITING - nails (63) 1
4. MIND - ANXIETY - crowd; in a (15) 1
5. MIND - CONFIDENCE - want of self-confide... (161) 1
6. MIND - TIMIDITY (158) 1
7. MIND - SENSITIVE - criticism; to (20) 1
8. MIND - PLEASING - desire to please others (10) 1
9. MIND - SUICIDAL disposition - anguish; during (2) 1
10. DREAMS - NIGHTMARES (178) 1
11. MOUTH - SPEECH - stammering (90) 1
12. GENERALS - FOOD and DRINKS - salt - (... (108) 1
13. GENERALS - FOOD and DRINKS - fish - d... (44) 1
14. GENERALS - FOOD and DRINKS - meat - (... (93) 1

	carc.	caust.	aur-m'm.	sulph.	verat.	nat-m.	phos.	calc.	puls.	lyc.	bar-c.	med.	merc.	ambr.	aur.	nit-ac.	staph.	sil.
1	14	10	10	9	9	9	9	9	9	9	8	8	8	8	8	8	8	7
2	20	15	13	17	17	16	15	14	14	13	16	14	12	11	11	10	9	14

**Case E : ARGENTUM NITRICUM POTENCY 200 - GIVEN**



**Table 1 .** Characterization of the outlines adopted in the studies of effectiveness of the SST

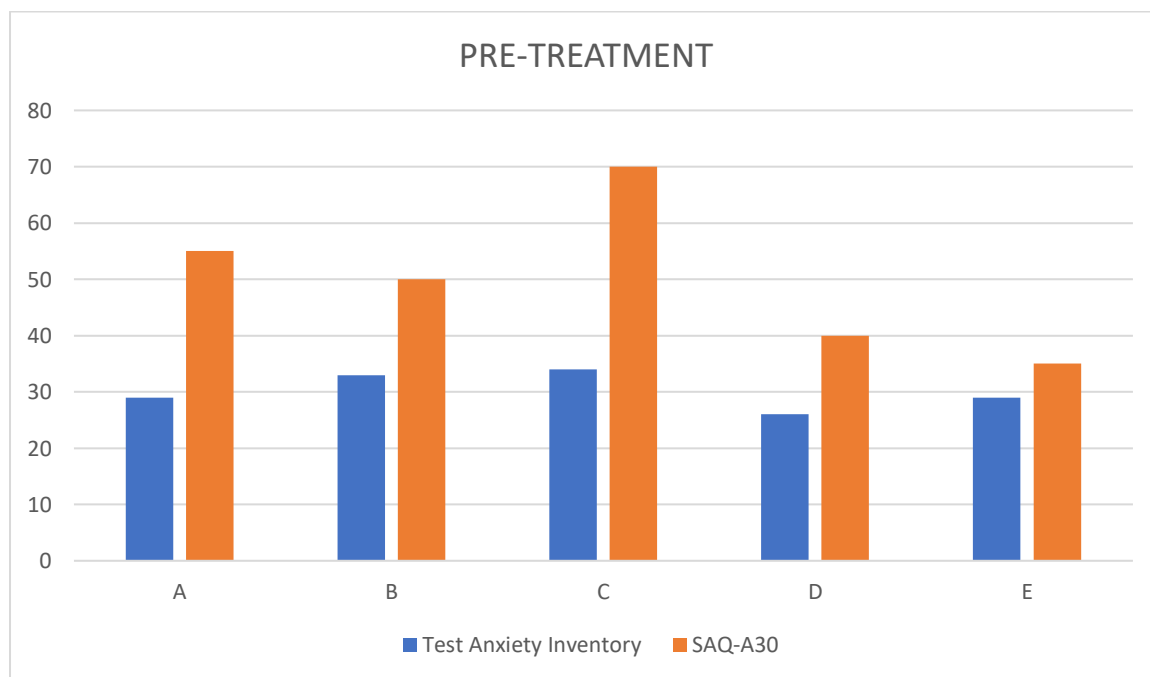
Outlines	Studies				
	A	B	C	D	E
Application: - individual	+	+	+	+	+
Duration of sessions:	60 mins	60 mins	60 mins	60 mins	60 mins
Therapist: - one	+	+	+	+	+
- co-therapist	-	-	-	+	+
Techniques: - behavioral rehearsal	+	+	+	+	+
- modeling	-	+	+	+	+
- homework assignment	+	-	+	+	+
- feedback	-	-	-	-	+



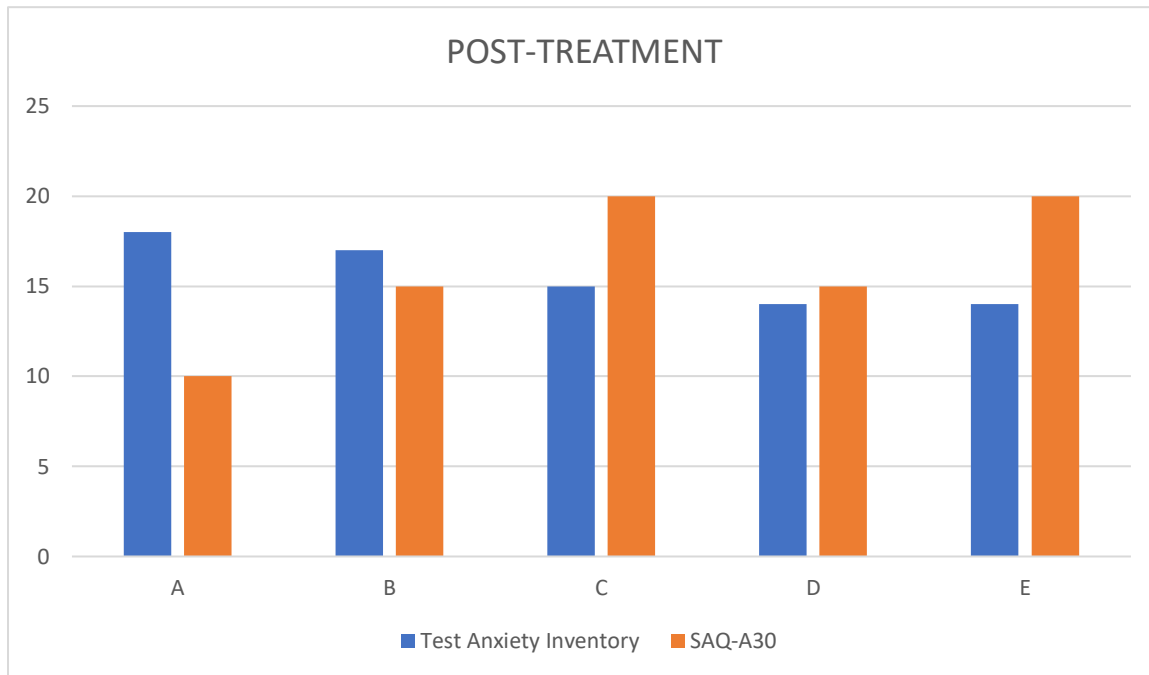
- reinforcement	-	-	+	+	+
- self-monitoring	+	+	-	+	-
- bibliotherapy	+	+	+	+	+
- successive approximations	+	+	-	-	+
- instructions	-	-	-	+	+
- educational phase	-	+	+	-	+
- functional analysis	+	+	-	+	-
- imitative learning	+	-	-	+	-
- problem solving strategies	-	+	-	+	+
NO of sessions:	10	10	10	10	8
Follow-up:	15min s	10 mins	12 mins	15 mins	12 mins

m: months; (+): present in the study; (-): absent in the study; nr: no reference

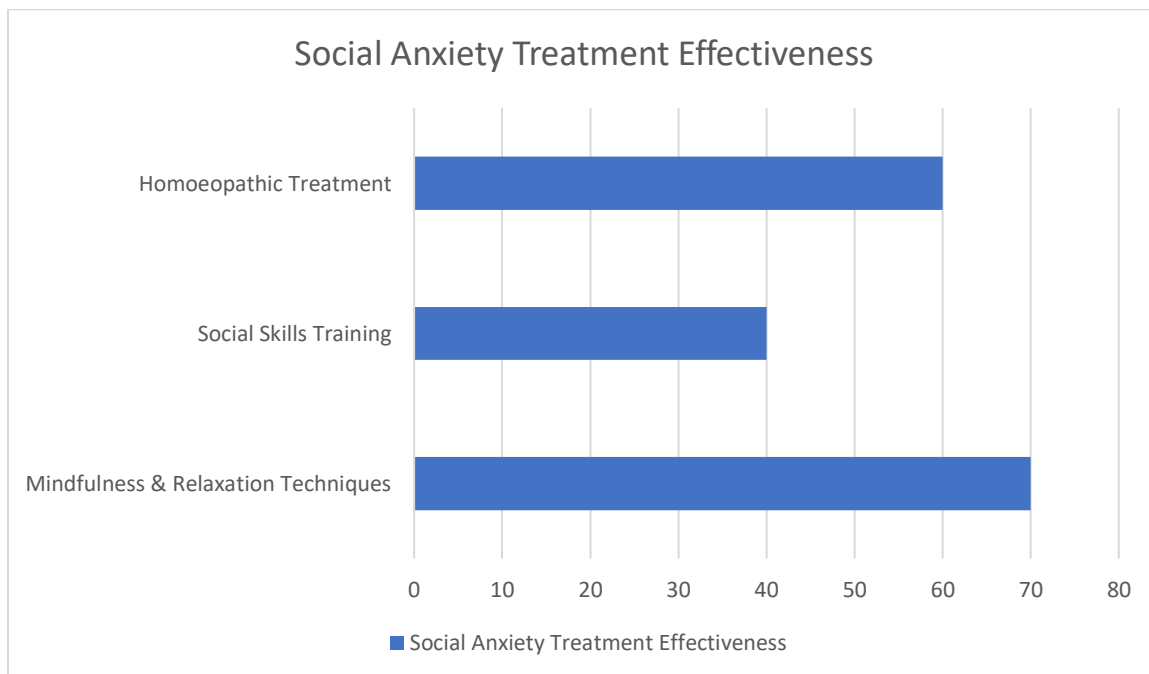
**Table 2 : Pre-Treatment**



**Table 3 . Post Treatment**



**Table 4 . Social Anxiety Treatment Effectiveness**



**DISCUSSION :**

Social anxiety disorders are one of major concerns of psychiatrists and psychologists. Such are highly treatable with homeopathic medications along with combined psycho therapies. The final outcome revealed improvement after comparison of both pre and post scores in all five cases. The intensity scores show significant reduction and patients revealed that they found homeopathic medicines and especially mindfulness

and applied relaxation techniques very effective. Considering the nature of social anxiety disorder the improvement of cases could not be followed for sufficient period of time as it was time bound study. Sample size was limited to 5 cases and not test was applicable. Many other patients denied to answer the inventories. Cases of social anxiety disorder combined with substance induced symptoms and severe organic diseases were excluded. The prevalence ratio was found to have females suffering from social anxiety more as compared to males. The graphs obtained revealed patients need proper counselling over a long period of time especially to go for social skills training. Practicing mindfulness and applies relaxation techniques was found very much beneficial and have overall improved major stress level and quality of life.

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