Social Anxiety and Close Relationships:
A Hermeneutic Phenomenological Study

Kate E. J. Nielsen
Sharon L. Cairns
University of Calgary

ABSTRACT

While only a few quantitative studies have looked at social anxiety and close relationships, this study uses the qualitative approach of hermeneutic phenomenology to explore the meaning of being in a close relationship for eight individuals with social anxiety. Participants completed a written questionnaire with open-ended questions about their experiences in their closest relationship. The themes suggest that these individuals are capable of forming close relationships, but they tend to adopt an insecure attachment style in their relationships. The themes are discussed in light of cognitive behavioural and interpersonal theory and therapy.

RÉSUMÉ

Peu d'études se sont intéressées à l'anxiété sociale et aux relations intimes. Bien que ces études soient quantitatives, la présente étude utilise l'approche qualitative de la phéno-ménologie herméneutique pour explorer le sens d'être dans une relation intime chez huit individus ayant une anxiété sociale. Les participants ont rempli un questionnaire écrit comportant des questions ouvertes à propos du vécu de leur relation la plus intime. Les thèmes suggèrent que ces individus sont capables de nouer des relations intimes, mais qu'ils ont tendance à adopter dans leurs relations un style d'attachement manquant d'assurance. Les thèmes sont discutés à la lumière de la théorie et de la thérapie cognitive-comportementale et interpersonnelle.

Social phobia/social anxiety disorder is a clinical disorder characterized by fear of humiliation or embarrassment in social and/or performance situations, intense anxiety when exposed to these situations, and avoidance of these situations (*Diagnostic and Statistical Manual for Mental Disorders* [*DSM-IV-TR*]*,* American Psychiatric Association, 2000). *DSM-IV-TR* distinguishes between two subtypes of social phobia: non-generalized (NSP) and generalized (GSP). Whereas NSP is characterized by fear of one or two situations, GSP is characterized by fear of most performance and social situations. Most researchers agree that social anxiety exists on a continuum from a subclinical level to NSP to GSP to avoidant personality disorder (a *DSM-IV-TR* personality disorder characterized by excessive fear of rejection and criticism) with higher levels of anxiety, more severe social skills deficits, and a higher degree of insecurity toward the upper end of the continuum (e.g., Stein, Ono, Tajima, & Muller, 2004; Widiger, 2005). Social phobia is one of the most common anxiety disorders with lifetime prevalence rates as high as 13% (Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996). Social phobia and GSP, in particular, is often chronic and comorbid with other disorders (see,

e.g., Wittchen, Stein, & Kessler, 1999). Despite the prevalence and difficulties associated with social phobia, few studies have investigated how these individuals interact with close others.

Previous research on social anxiety and close relationships has looked at the communication patterns and interpersonal styles of socially anxious individuals. Beck, Davila, Farrow, and Grant (2006) and Wenzel, Graff-Dolezal, Macho, and Brendle (2005) observed and compared the communication patterns of socially anxious university students and their romantic partners and non-socially anxious university students and their romantic partners. Beck et al. found that when dealing with a difficult situation, women high in social anxiety who were more satisfied with their relationship were more likely to display negative social support-seeking behaviours (e.g., to demand help from their partners). Wenzel et al. found that socially anxious individuals displayed fewer positive and more negative behaviours when conversing with their partners (e.g., they made less eye contact, smiled less, touched their partners less often, initiated fewer conversations, fidgeted more). Beck et al.'s and Wenzel et al.'s studies suggest that socially anxious individuals display maladaptive communication behaviours.

Other researchers have explored social anxiety in the context of attachment and interpersonal styles. Bowlby's (1969, 1989) pioneering work on attachment looked at how individuals form affectional bonds with others. Bartholomew (1990) provided a model for classifying adult attachment styles into one of four categories based on how individuals perceive themselves and others: (a) a secure attachment style is characterized by a positive view of self and others and comfort with intimacy and autonomy; (b) a preoccupied attachment style is characterized by a negative view of self, positive view of others, and overdependence on others; (c) a fearful attachment style is characterized by a negative view of self, negative view of others, and fear of developing close relationships; and (d) a dismissing attachment style is characterized by a positive view of self, negative view of others, and avoidance of close attachments.

Darcy, Davila, and Beck (2005) and Davila and Beck (2002) examined the attachment and interpersonal styles of socially anxious university students. Darcy et al. found that social anxiety was associated with preoccupied and fearful attachment styles. Davila and Beck found that students high in social anxiety were less assertive, experienced more interpersonal stress, avoided conflict more often, were more fearful of expressing strong emotions, and more overreliant on others than students low in social anxiety. Few studies have explored relationship functioning in clinical samples of individuals with social phobia (Eng, Heimberg, Hart, Schneier, & Liebowitz, 2001; Lionberg, 2004; Wenzel, 2001). These studies found that individuals with social phobia displayed characteristics of fearful and preoccupied attachment styles and reported fewer friendships and dating experiences, difficulties with intimacy and trusting others, overreliance on others, avoidance

of conflict, fear of expressing emotions, fear of rejection, and negative attributions of their close others' behaviours.

The limitations of these studies are that they relied predominantly on undergraduate students high in social anxiety, not clinical samples, and that they were quantitative and did not directly ask participants about their experiences. This study, on the other hand, asked individuals with social anxiety about their experiences in their closest relationship.

THEORETICAL APPROACHES TO UNDERSTANDING AND TREATING SOCIAL PHOBIA

The Cognitive Behavioural Approach

The primary model for understanding and treating social phobia is the cognitive behavioural model. Clark (2005) provides an overview of the model and emphasizes how cognitive processing before, during, and after feared social situations contributes to and maintains the disorder. According to Clark, individuals with social phobia have unrealistic and negative expectations of their performance in social situations and hold negative core beliefs about themselves. Clark argues that individuals with social phobia experience enhanced self-processing and reduced external processing during feared situations: they focus on internal cues, are hypervigilant to signs of disapproval, and interpret ambiguous social cues negatively. After feared social situations, they ruminate about their performance. Numerous studies indicate biases in information processing in social phobia (see Hirsch & Clark, 2004, for a review). Clark also addresses the somatic (e.g., blushing, shaking, sweating), behavioural (avoidance of feared situations and use of safety behaviours), and situational components of social phobia. Research supports the effectiveness of cognitive behavioural therapy, including cognitive restructuring, exposure, applied relaxation, and social skills training for the treatment of social phobia (see Rodebaugh, Holaway, & Heimberg, 2004, for a review). Although the cognitive behaviour model addresses situational variables, the focus is on intrapersonal factors, not interpersonal factors.

The Interpersonal Approach

Alden (2005) argues that the interpersonal model provides an alternative and complementary way of understanding how individuals with social phobia interact with others. Alden explains that early social relationships (particularly with family members) shape one's sense of self and lead to the formation of schemas, and that schemas affect interactions and relationships later in life. Other researchers (e.g., Segrin, 2001) emphasize that relationships are tied to well-being and that interactions with others create and maintain the disorder.

Although social anxiety is partly heritable (e.g., Beatty, Heisel, Hall, Levine, & La France, 2002), familial and environmental factors also play a role in the onset and maintenance of the disorder. For example, children with social phobia are more likely to have parents who are controlling and overprotecting than children

without social phobia (Rubin, Hastings, Stewart, Henderson, & Chen, 1997). Parental overprotection is likely to lead to feelings of insecurity and lack of self-efficacy in children because they are unable to solve interpersonal problems on their own. Individuals with social phobia seem to develop an insecure attachment to significant others during childhood. This attachment style then influences how they interact with others later in life (i.e., they engage in self-perpetuating cycles that maintain their fear and anxiety).

Few studies have looked specifically at the effectiveness of adding an interpersonal component to psychotherapy for social phobia (e.g., Lipsitz, Markowitz, Cherry, & Fyer, 1999). Interpersonal therapy is not a new treatment method (see Markowitz, 2006, for a history of interpersonal therapy), but interpersonal therapy for social phobia is relatively new. Although more research is needed to evaluate the effectiveness of integrating the interpersonal and cognitive behavioural models, the interpersonal model acknowledges the interpersonal context of social phobia. This study contributes to interpersonal theory by exploring social anxiety in the context of close relationships.

THE CURRENT STUDY

Although previous research on social phobia and close relationships has been quantitative, this study used the qualitative approach of hermeneutic phenomenology to achieve a rich, more comprehensive understanding of the experience of being in a close relationship for individuals with social anxiety. The research question was: "What is the meaning or essence of the experience of being in a close relationship for individuals with social anxiety?"

Methodology: Hermeneutic Phenomenology

The research followed van Manen's (1997) approach to hermeneutic phenomenology and his interpretation of the German philosophers who developed it (primarily Heidegger and Gadamer). The purpose of hermeneutic phenomenology is to understand and interpret accounts of lived experience. The central concepts of hermeneutic phenomenology are being-in-the-world, interpretation, and the hermeneutic circle. Heidegger asserts that individuals understand the world through their participation in it (Hein & Austin, 2001). Researchers cannot objectively "bracket" their pre-understanding (assumptions and beliefs); rather, their pre-understanding guides their understanding and interpretation. Pre-understanding is articulated and corrected through the use of the hermeneutic circle (i.e., through moving back and forth between examining the text, generating interpretations, and checking interpretations against the text; Packer & Addison, 1989). Laverty (2003) explains that interpretation results from what Gadamer calls a "fusion of horizons"—a fusion between the researcher's understanding and the meaning of the text (i.e., the participants' experiences). Hermeneutic phenomenology focuses on the historical and cultural context of experience and is artistic, literary, and creative.

Procedure

Participants were recruited in a large western Canadian city through mental health practitioners who handed out information packages to clients dealing with social anxiety and placed recruitment posters in their offices (they were not made aware of their clients' participation in the study). Participants were also recruited through posters at a large university campus. A letter of invitation, informed consent form, written questionnaire, and the Social Phobia Anxiety Inventory (SPAI; Turner, Beidel, Dancu, & Stanley, 1989) were sent to participants. Based on their initial responses, participants were asked additional follow-up questions over the telephone or in writing. Participants completed the questionnaires and answered the follow-up questions at their convenience. They received a $30 honorarium for completing the questionnaires. Participants self-identified as dealing with social anxiety. The primary researcher explained that many people feel anxious in social situations, but that the study was looking for participants with a greater degree of anxiety, distress, and impairment who fear a number of situations. Potential participants decided whether or not they fit the criteria.

Measures/Data Collection

Social Phobia Anxiety Inventory. The SPAI (Turner et al., 1989) was included to add credibility to the study by providing a measure/check of the participants' levels of social anxiety. The SPAI asks individuals to rate the frequency of their anxiety on a 7-point scale from "never" to "always" in a variety of social situations. The total score is calculated by subtracting an agoraphobia subscale from a social phobia subscale: a difference score equal to or greater than 80 indicates probable social phobia. Turner et al. found that the test-retest reliability of the SPAI over a two-week period was high ($r = .86$) and that individuals with social phobia scored significantly higher than individuals with panic disorder with and without agoraphobia and individuals with obsessive-compulsive disorder. Peters (2000) found that the SPAI was highly correlated with other measures of social phobia such as Mattick and Clarke's (1998) Social Phobia Scale ($r = .72$) and Social Interaction and Anxiety Scale ($r = .85$), but better at discriminating social phobia from panic disorder. The SPAI is a comprehensive measure that assesses the cognitive, behavioural, and somatic symptoms of social anxiety.

Written questionnaire. A written questionnaire was used to gather participants' accounts of their experiences in their closest relationship (see Appendix A). The first part of the questionnaire asked the participants about their background (e.g., age, gender), current and previous dating experiences (e.g., their level of satisfaction with their dating experiences), and closest other (the person that they feel closest to in their life). The second part of the questionnaire asked the participants to adopt a non-judgemental stance and answer open-ended questions about their thoughts, feelings, behaviours, and experiences in their close relationship (the questionnaire explored attachment styles, intimacy, trust, social support, reassurance seeking, relationship satisfaction, safety behaviours, and expectations and views of themselves and their close others).

Follow-up questions. Participants answered additional follow-up questions based on their responses on the written questionnaire. The questions were meant to clarify and ensure that the researcher accurately understood their experiences and to ask the participants for input on the emerging themes. The use of follow-up questions is consistent with the spirit of hermeneutic phenomenology where the researcher and participant co-create and co-construct meaning.

Researcher journals. The primary researcher also kept a journal with her thoughts and reflections. For example, she wrote about her initial impressions of each participant's responses and her own struggles with shyness/social anxiety. Hermeneutic phenomenology uses writing as a method for interpreting and understanding lived experience and imaginatively and creatively delving into the subject area (van Manen, 1997).

Participant Demographics

A total of 21 individuals completed both questionnaires; however, only those who met the following criteria were included: (a) participants who were currently seeking treatment for social anxiety; (b) participants who provided detailed, descriptive answers; (c) participants who self-identified as socially anxious and scored above 80 on the SPAI (Turner et al., 1989); (d) participants who identified a close other; and (e) participants who listed a number of anxiety-provoking situations. Participants were informed before and after participating that between 6 and 12 participants would be included, but that all of their responses were important and meaningful. Saturation was achieved after searching for themes across 8 participants.

The final 8 participants included 5 females and 3 males. They ranged in age from 18 to 46 and scored between 90 and 136 on the SPAI (Turner et al., 1989). Three scored in the clinical range for dealing with panic disorder on the SPAI. Five of the participants reported currently seeking treatment for social anxiety. They also reported seeking treatment for other reasons including depression, other anxiety issues, fear of driving, and self-confidence. Four of the participants were currently in an exclusive romantic relationship. The participants selected a diverse group of close others: 3 participants chose their romantic partners, 2 chose friends, 2 chose their biological mothers, and 1 chose her sister.

Data Analysis

Data analysis involved stating the primary researcher's pre-understanding, creatively delving into the phenomenon, using the hermeneutic circle, identifying themes, and collaborating with participants. The researcher's pre-understanding guided the initial interpretation of the transcripts. The researcher expected that participants would report characteristics of fearful and preoccupied attachment styles, feel less anxious in social situations with their close others, and engage in reassurance seeking and overdependence on their close others. The researcher kept a decision-trail of the emerging interpretations.

The participants' responses to the written questionnaire were typed verbatim. The researcher read and coded these transcripts line-by-line. For example, Trista (all participants are referred to by pseudonyms) described an incident where she cancelled a class because of her anxiety. She said, "I told my husband when I cancelled the class that I was sorry, I knew he wanted to go. I felt like I was holding him back from life because of my anxiety and maybe he should be with someone else." This line/phrase was coded as "Feeling like holding close other back." The researcher also wrote down her initial impressions of each participant's responses and generated additional follow-up questions. Responses to these follow-up questions were typed verbatim and coded line-by-line.

The line-by-line codes for the questionnaire and follow-up responses were grouped by question to see the similarities and dissimilarities across participants (i.e., each participant's codes were listed beneath each question). Codes that emerged for most of the participants (at least 5 of the 8 participants) or were heavily stressed within a few participants' responses (repeated multiple times within a few participants' responses) were written down and organized into thematic clusters. This process of organizing the codes and generating themes involved returning to the original transcripts to see whether the transcripts validated or invalidated the themes. The participants were involved in the data analysis and given a draft of the thesis and themes to read over. Seven themes emerged that describe the experience of being in a close relationship for these 8 participants (see Appendix B for a summary table).

THEMES

Struggling to Develop Close Relationships

The participants wrote about difficulties forming close relationships and slowly developing relationships over time. For example, Ariel stated that she has trouble trusting others, "opening up to people and sharing [her] emotions" because she is "always thinking the worst of people." She said that she "avoid[s] certain social situations altogether and lose[s] out on the opportunity to form relationships." The participants described varying degrees of closeness with their close others: 4 described feeling very close, 2 described feeling moderately close, and 2 described feeling not very close to their close others (they struggled with even identifying a close other). Their varying degrees of closeness are another indication of their difficulties forming close relationships. The participants' responses suggest that they are more comfortable forming close relationships with certain people. Those who selected romantic partners and friends (not family) for close others stated that their close others are more outgoing. Most described their close others as "outsiders" dealing with their own problems (e.g., Steve described his partner as socially anxious, Trista described her partner as withdrawn and detached, Samantha described her friend as eager to please others, John described his friend as another "fish out of water").

Learning to Be Cautious in Relationships

The participants described learning (in their families of origin and through other life experiences) to be cautious in relationships. Participants described the following life experiences: negative experiences with peers and authority figures, abuse, the loss of a parent, and overprotective parenting. They described learning not to show or express emotions, not to trust others, not to solve problems on their own, and to be cautious in relationships. For example, Steve explained that his parents were overprotective and "shielded [him] from everything" and that he learned that "relationships should have much distance." Sable wrote about a "gross imbalance of power" and a lack of intimacy and emotional expression in her family. She said that family members "are expected to resolve emotional issues individually." Samantha also described a lack of trust, safety, and connection in her family.

Worrying About Close Other's Expectations and Feeling like a Burden

The participants described worrying about their close others' expectations and perceptions of their social anxiety and feeling like a burden to their close others. They described resentment toward the expectations of their close others, concern over disclosing their social anxiety, difficulties asking their close others for help, and engaging in reassurance seeking.

Sable and Henry struggled with identifying close others. They described resentment over their close others judging and expecting them to behave in certain ways. Sable elaborated on her family's expectations when she said, "I become sensitive to how people react to my words or actions because they will base my persona on those impressions. It will upset me if I am not able to present an acceptable impression." Ariel and Henry described concern over disclosing their social anxiety to their close others. Ariel said that it took her three years to disclose her struggles to her mother. She said that she was afraid of telling her mother because she was "ashamed [she] couldn't 'fix' the issue [herself]." Unlike Ariel, Henry has not disclosed his anxiety to his mother because he does not want to show "mental weakness."

A number of the participants described difficulties asking their close others for help and communicating their needs to their close others. Marissa said that she is "embarrassed about asking [her close other] to do some things [she's] scared to do for [herself]" such as "setting up important appointments, calling important people." Steve said that he finds it hard to ask his close other to do a particular activity that he would enjoy. Marissa, Steve, and Trista reported engaging in reassurance seeking (e.g., Marissa stated that she asks her close other if her social anxiety is suffocating for him). Most of the participants described feeling like a burden and, of those close to their close others, a desire to be more independent.

Developing a High Degree of Intimacy and Trust

The participants close to their close others described a high degree of intimacy and trust in their relationships. They wrote about feeling emotionally close, having

confidence in the stability of their relationship, feeling comfortable sharing personal thoughts and feelings, and receiving unconditional acceptance and support from their close others. For example, Samantha explained that she is emotionally close to her close other because they have "seen each other at [their] best and worst" and always "back each other up."

Becoming Overdependent

Although the participants described receiving support from their close others, they also described being overdependent on their close others. They described receiving emotional support from a few close relationships and letting their close others make most of the decisions in the relationship. Steve explained that he and his close other are "around each other almost all of the time" and "the only source of emotional support and complete trust for one another." Trista said that she depends on her close other for help with her anxiety and that she does not go to social events without her partner or mother. Moreover, all of the participants chose close others who are older than them. The participants tend to lack assertiveness and appear to have difficulties communicating their needs to their close others.

Being Self-Critical of Relationship Skills

Whereas the theme "Worrying About Close Other's Expectations and Feeling like a Burden" refers to the participants' perceptions of themselves and their close others, the theme "Being Self-Critical of Relationship Skills" refers to the participants' perceptions of their relationship skills in general. Participants were asked how they think individuals without social anxiety experience close relationships. Their responses suggest that they are self-critical of their relationship skills and believe that others have better relationship skills. For example, John wrote about how individuals without social anxiety "have more chances to have more friends, better careers, more interactions with people" and that the opportunity for more interactions with others "lessens the stress on the relationship." The participants stated that individuals without social anxiety are less dependent on close others, have an easier time forming close relationships, and have fewer difficulties with trust, intimacy, and communication. Their responses suggest that that they believe that individuals without social anxiety form and maintain relationships more easily. These beliefs are likely to lead to a self-fulfilling prophecy where these individuals experience more difficulties with trust, communication, intimacy, and so on, because they expect to experience more difficulties.

Close Other's Presence Reducing Social Anxiety

The participants who described being close to their close others (all of the participants except for Sable and Henry) said that they feel less anxious in the presence of their close others. They said that their relationships increase their hope and confidence in their ability to deal with and manage their social anxiety and that they feel less anxious and have fewer negative thoughts and fewer physical sensations of anxiety when in the presence of their close others in social situations.

They described feeling more secure and relaxed in the presence of their close others. For the most part, the participants said that they are more likely to enter social situations with their close others.

Some of the participants described their close others as a secure base; they said that the presence of their close others increases their confidence and ability to interact with others. On the other hand, the participants described their close others as a "distraction" from their social anxiety. They said that they focus on their close others and not their anxiety in social situations. Trista explained that she watches her close other and becomes upset if he leaves her alone. She said that if she feels uncomfortable she "seek[s] him out" and joins in on his conversation. This focus on their close others as a distraction from their social anxiety both reduces their anxiety and reinforces their dependence on their close others because they are unable to learn that they can interact with others on their own. The presence of their close others acts as a safety mechanism and avoidance strategy.

Review of Themes

The themes reveal positive and negative aspects of the participants' relationships. On one hand, they reported a high degree of intimacy, trust, comfort, and security in their relationships. On the other hand, they reported a number of difficulties in their relationships, such as becoming overdependent on their close others, resenting close others' expectations, difficulty asking for help, and feeling like a burden. Their responses suggest that they hold negative views of themselves and their abilities in close relationships. These beliefs and perceptions likely affect their interactions with their close others.

DISCUSSION

Results in the Context of Previous Research

The themes are consistent with previous research on social anxiety and close relationships. Like Beck et al. (2006) and Wenzel et al. (2005), this study found that individuals with social anxiety experience difficulties communicating with close others; the participants wrote about difficulties being assertive and expressing their needs. Like studies on the interpersonal and attachment styles of individuals with social anxiety (Darcy et al., 2005; Davila & Beck, 2002; Eng et al., 2001; Lionberg, 2004; Wenzel, 2001), this study found that individuals with social anxiety struggle with forming close relationships and being intimate early on in relationships. The participants described developing insecure attachments to others.

The themes are consistent with, but elaborate on, previous research. The themes provide information on the characteristics of close others. Moreover, whereas previous research focuses on the interpersonal deficits of these individuals, this study reveals positive and negative aspects of their close relationships. The themes suggest that they are capable of forming close, intimate, satisfying relationships, but that they worry about their close others' expectations and feel like a burden, are self-critical of their relationship skills and overdependent on

their close others, and rely on their close others as a safety cue. Previous research has not looked at how individuals with social anxiety view the effects of their social anxiety on their close relationships, how they view their relationship skills, or the effects of a safe person's presence on their social anxiety. Furthermore, although previous research indicates that social anxiety is associated with fearful and preoccupied attachment styles, the participants in this study described characteristics of all three insecure attachment styles: they described avoiding close relationships (characteristic of a fearful attachment style), overdepending on their close others (characteristic of a preoccupied attachment style), and, for some of the participants, lacking interest in developing close relationships (characteristic of a dismissing attachment style).

Results in the Context of Interpersonal Theory

The themes support interpersonal theory. Participants wrote about learning not to trust others, not to express their emotions, and to be independent and solve problems on their own. Their early life experiences shape how they interact with others. The themes illustrate the interconnection between well-being and interpersonal functioning. The participants described how their relationships provide them with support, hope, and confidence in dealing with their anxiety; however, they also described how their interactions with their close others reinforce their anxiety (e.g., by overdependence on their close others). Their social anxiety impacts their relationships, and their relationships impact their social anxiety. They hold negative beliefs about themselves and their abilities in close relationships. These beliefs influence the quality of their relationships. They achieve close relationships through ingratiating, submissive interpersonal behaviours with individuals who are perceived as "outsiders." Their relationships reinforce their belief that they are not good enough: they believe that they need to compromise to be accepted by an "outsider" and/or that they would not be accepted by an "insider." Their tendency to become insecurely attached to others is likely to lead to interpersonal difficulties and reinforce their fear of developing close relationships.

Implications for Counselling

The themes suggest that counsellors should explore interpersonal factors (e.g., attachment styles, clients' beliefs about their social anxiety and close relationships, safety behaviours) when counselling individuals with social anxiety. Counsellors should emphasize the positive aspects of clients' relationships (e.g., the hope and support that their close others provide, the fact that they feel less anxious in the presence of their close others) and help clients reduce their overreliance on others. Clients will likely benefit from becoming more independent, self-reliant, assertive, emotionally expressive, and self-confident (within reason and depending on the client). They need to increase their connectedness to others while maintaining and strengthening their sense of self. Clients should strive for a healthier, more secure attachment to others, improve their communication skills, and increase their available social support.

Counselling would also benefit from a focus on the therapeutic relationship. Clients are likely to interact with counsellors in ways that mimic how they interact with others in their lives. Counsellors should collaboratively work with clients to identify and evaluate their beliefs about themselves, others, and the consequences of their anxiety for others. Counsellors may want to consider integrating cognitive behavioural therapy and interpersonal therapy: beliefs about the self, others, and the world are intimately tied to past and present experiences in relationships.

Limitations

Like other qualitative studies, one limitation of this study is lack of generalizability. The themes are representative of the participants' experiences, but may or may not be representative of the experiences of other individuals with social anxiety. This study provides a starting point for further research. Another limitation is the written format of data collection. The initial design for this study was to conduct interviews with individuals with social phobia and, separately, their romantic partners. The design was modified due to difficulties recruiting participants. Although interviews are ideal, individuals with social anxiety may be more honest, forthcoming, and comfortable with a written format.

Another potential limitation is that the participants chose a diverse group of close others (romantic partners, siblings, parents, and friends). This study may have lost information about the differences in these relationships by searching for themes across the relationships. Furthermore, the participants described varying degrees of closeness to their close others. These differences were informative, but added heterogeneity to the results.

Recommendations for Future Research

More studies are needed on the interpersonal factors related to social anxiety (e.g., attachment) and the effectiveness of interpersonal therapy (i.e., how best to use interpersonal therapy with individuals with social phobia, if effectiveness varies by attachment style, if interpersonal therapy adds to the effectiveness of cognitive behavioural therapy). Researchers may want to look at differences between relationships with friends, family, and romantic partners, characteristics of close others, the role of safety behaviours in social anxiety, and, more specifically, the role of a safe person in the treatment of social anxiety. Future research could also replicate this study with individuals who are comfortable with their shyness (those with more normative levels of social anxiety or shyness), since this study required that participants be distressed.

CONCLUSIONS

The themes support cognitive behavioural and interpersonal approaches to understanding and treating social anxiety. Counsellors should focus on clients' strengths and resources rather than only the negative aspects of their social anxiety.

This environment will help these individuals accept themselves and identify the aspects of their social anxiety that they wish to change.

References

Alden, L. E. (2005). Interpersonal perspectives on social anxiety disorder. In W. R. Crozier & L. E. Alden (Eds.), *The essential handbook of social anxiety for clinicians* (pp. 167–192). Chichester, UK: Wiley.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships, 7,* 147–178.

Beatty, M. J., Heisel, A. D., Hall, A. E., Levine, T. R., & La France, B. H. (2002). What can we learn from the study of twins about genetic and environmental influences on interpersonal affiliation, aggressiveness, and social anxiety? A meta-analytic study. *Communication Monographs, 69,* 1–18.

Beck, J. G., Davila, J., Farrow, S., & Grant, D. (2006). When the heat is on: Close partner responses influence distress in socially anxious women. *Behaviour Research and Therapy, 44*(5), 737–748.

Bowlby, J. (1969). *Attachment and loss*: *Vol. 1. Attachment.* London: Hogarth.

Bowlby, J. (1989). The role of attachment in personality development and psychopathology. In S. I. Greenspan & G. H. Pollock (Eds.), *The course of life: Vol. 1. Infancy* (pp. 229–270). Washington, DC: International Universities Press.

Clark, D. M. (2005). A cognitive perspective on social anxiety disorder. In W. R. Crozier & L. E. Alden (Eds.), *The essential handbook of social anxiety for clinicians* (pp. 193–218). Chichester, UK: Wiley.

Darcy, K., Davila, J., & Beck, J. G. (2005). Is social anxiety associated with both interpersonal avoidance and interpersonal dependence? *Cognitive Therapy and Research, 29*(2), 171–186.

Davila, J., & Beck, J. G. (2002). Is social anxiety associated with impairment in close relationships: A preliminary investigation. *Behavior Therapy, 33,* 427–446.

Eng, W., Heimberg, R. G., Hart, T. A., Schneier, F. R., & Liebowitz, M. R. (2001). Attachment in individuals with social anxiety disorder: The relationship among adult attachment styles, social anxiety and depression. *Emotion, 1,* 365–380.

Hein, S. F., & Austin, W. J. (2001). Empirical and hermeneutic approaches to phenomenological research in psychology: A comparison. *Psychological Methods, 6*(1), 3–17.

Hirsch, C. R., & Clark, D. M. (2004). Information-processing bias in social phobia. *Clinical Psychology Review, 24,* 799–825.

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods, 2*(3). Article 3. Retrieved February 24, 2007, from <http://www.ualberta.ca/~iiqm/backissues/2_3final/pdf/laverty.pdf>.

Lionberg, C. A. (2004). Characteristics and quality of personal relationships in GSP (Doctoral dissertation, University of Manitoba, 2004). *Dissertation Abstracts International, 65*(3-B), 1553.

Lipsitz, J. D., Markowitz, J. C., Cherry, A., & Fyer, A. J. (1999). Open trial of interpersonal psychotherapy for the treatment of social phobia. *American Journal of Psychiatry, 156,* 1814–1816.

Magee, W. J., Eaton, W. W., Wittchen, H. U., McGonagle, K. A., & Kessler, R. C. (1996). Agoraphobia, simple phobia, and social anxiety disorder in the National Comorbidity Survey. *Archives of General Psychiatry, 53*(2), 159–168.

Markowitz, J. C. (2006). Adaptations of interpersonal psychotherapy. *Psychiatric Annals, 36,* 559–563.

Mattick, R. P., & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. *Behaviour Research and Therapy, 36,* 455–470.

Packer, M. J., & Addison, R. B. (1989). Introduction. In M. J. Packer & R. B. Addison (Eds.), *Entering the circle: Hermeneutic investigation in psychology* (pp. 13–36). Albany, NY: State University of New York Press.

Peters, L. (2000). Discriminant validity of the Social Phobia and Anxiety Inventory (SPAI), the Social Phobia Scale (SPS), and the Social Interaction Anxiety Scale (SIAS). *Behaviour Research and Therapy, 38,* 953–950.

Rodebaugh, T. L., Holaway, R. M., & Heimberg, R. G. (2004). The treatment of social anxiety disorder. *Clinical Psychology Review, 24,* 883–908.

Rubin, K. H., Hastings, P. D., Stewart, S. L., Henderson, H. A., & Chen, X. (1997). The consistency and concomitants of inhibition: Some of the children, all of the time. *Child Development, 68,* 467–483.

Segrin, C. (2001). *Interpersonal processes in psychological problems.* New York: Guilford.

Stein, D. J., Ono, Y., Tajima, O., & Muller, J. E. (2004). The social anxiety disorder spectrum. *Journal of Clinical Psychiatry, 65*(Suppl. 14), 27–33.

Turner, S. M., Beidel, D. C., Dancu, C. V., & Stanley, M. A. (1989). An empirically derived inventory to measure social fears and anxiety: The Social Phobia and Anxiety Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1,* 35–40.

van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). London, ON: Althouse.

Wenzel, A. (2001). Characteristics of close relationships in individuals with social anxiety disorder: A preliminary comparison with nonanxious individuals. In J. H. Harvey (Ed.), *Clinician's guide to maintaining and enhancing close relationships* (pp. 199–213). Mahwah, NJ: Lawrence Erlbaum.

Wenzel, A., Graff-Dolezal, J., Macho, M., & Brendle, J. R. (2005). Communication and social skills in socially anxious and nonanxious individuals in the context of close relationships. *Behaviour Research and Therapy, 43*(4), 505–519.

Widiger, T. A. (2005). Social anxiety, social phobia, and avoidant personality disorder. In W. R. Crozier & L. E. Alden (Eds.), *The essential handbook of social anxiety for clinicians* (pp. 219–240). Chichester, UK: Wiley.

Wittchen, H. U., Stein, M. B., & Kessler, R. C. (1999). Social fears and social anxiety disorder in a community sample of adolescents and young adults: Prevalence, risk factors, and comorbidity. *Psychological Medicine, 29,* 309–323.

APPENDIX A.

WRITTEN QUESTIONNAIRE

BACKGROUND QUESTIONNAIRE

Instructions – Part A: Please fill in or circle the appropriate response:

1. Gender: _____

2. Age: _____

3. Is English your first language?

    Yes   ⬭   No   ⬭

4. If English is **NOT** your first language, how fluent are you with the English language?

    1   2   3   4   5
  not fluent   very fluent

5. Would you describe yourself as socially anxious?

              Yes   No

6. Are you <u>currently</u> seeking treatment for social anxiety (e.g., are you taking medication and/or receiving counselling)?

              Yes   No

7. Are you <u>currently</u> seeking treatment for reasons other than social anxiety?

              Yes   No

8. If you feel comfortable, please specify these additional reasons.

_____

9. How difficult or easy do you consider yourself to get to know? (circle letter)

(a)   (b)   (c)   (d)   (e)   (f)
very   moderately   somewhat   somewhat   moderately   very
difficult   difficult   difficult   easy   easy   easy

10. How comfortable are you getting close to other people? (circle letter)

(a)   (b)   (c)   (d)
not at all   somewhat   moderately   very comfortable
comfortable   comfortable   comfortable

11. Please list the social situations that create anxiety for you.

_____

12a. Who have you identified as your closest other (the person that you feel closest to in your life)?

Biological Mother   Yes   No

Biological Father   Yes   No

Sibling   Yes   No

Friend   Yes◯   No ◯

Partner   Yes ◯   No ◯

Other family member   Yes◯   No ◯

Other   Yes◯   No ◯

12b. What is the gender of your closest other?
_____

12c. Is your closest other younger or older than you? How many years are you apart?
_____

12d. If you identified partner, other family member, or other for 12a, please specify the relationship.
_____

12e. How long have you known your closest other?
_____years _____months

Instructions – Part B: The following questions ask you about your previous and current dating and/or spousal experiences. Please try to answer the questions as accurately as possible even if they occurred a long time ago. Please circle or fill in the appropriate response.

13. How many people have you dated exclusively for longer than two months?
_____

14. What length of time was your longest, closest dating/spousal relationship?
_____years _____months

15. Are you presently dating, married to, or living with one person exclusively in a romantic   relationship?

                        Yes ◯   No   ◯
16. If YES, for how long?
_____years _____months

17. How satisfied are you, or have you been, with the quality of your dating/spousal relationships? (circle letter)

(a)	(b)	(c)	(d)	(e)	(f)
very satisfied	moderately satisfied	somewhat satisfied	somewhat dissatisfied	moderately dissatisfied	very dissatisfied

18. If you are currently in a romantic relationship, how satisfied are you with your current relationship? (circle letter)

(a)	(b)	(c)	(d)	(e)	(f)
very satisfied	moderately satisfied	somewhat satisfied	somewhat dissatisfied	moderately dissatisfied	very dissatisfied

19. If you are currently in a romantic relationship, how emotionally close are you to your current partner? (circle letter)

(a)	(b)	(c)	(d)
Not at all close	Somewhat close	Moderately close	Very close

20. Have your dating partners or your spouse suggested that it was difficult to get close to you?

Yes ⬭   No ⬭

RELATIONSHIP QUESTIONNAIRE

Instructions:
For the following questions, **please write legibly** and in full sentences. Provide as much detail as possible. Try not to reflect or think about the questions for too long or to evaluate what you are writing. Instead, try to adopt a non-judgmental stance and describe your experiences in a free-flowing manner. You may want to think of specific situations and experiences that you've had with your close other and envision yourself in those situations (including how you felt, what you thought, and how you acted in those situations). There are no right and wrong answers; this is not a test. These questions are meant to get you thinking about your experiences in your relationship. Feel free to write whatever comes to mind even if it may stray from the questions a bit. The purpose of these questions is to gather a rich, descriptive picture of what *your* experience is like being in a close relationship. (Please attach additional pages if you run out of room.)

Behaviours:
1. How much time do you spend with your close other? What activities do you engage in together?

Experiences in Social Situations with and without your Close Other:
2. How does the presence and absence of your close other influence your level of anxiety?

3. How do you *behave* in social situations when your close other is present? When your close other is not present? Are you more or less likely to enter (and not avoid) feared social situation(s) if your close other is present? Explain.

4. What *thoughts* do you have in social situations when your close other is present? When your close other is not present?

5. How do you *feel* in social situations when your close other is present? When your close other is not present?

6. What *physical sensations* do you feel in your body in social situations when your close other is present? When your close other is not present?

Family of Origin:
7. What did you learn from your family of origin about relationships?

Thoughts, Opinions, Values:
8. How would you describe your role in your relationship? How would you describe your close other's role?

9. What do you offer in the relationship? What do you receive? What does your close other offer in the relationship? What does your close other receive?

10. What issues create stress or conflict in your relationship?

11. What thoughts run through your mind when you and your close other experience conflict?

13. How satisfied are you with your close relationship? Explain.

14. If you could make any changes you wanted to your relationship, what changes would you make?

15. Where do you see your relationship in the future?

16. How important is it for you to be in a close relationship?

17. What are your beliefs and expectations about what relationships should be like?

18. How do you think individuals without social anxiety experience relationships?

19. Describe your level of intimacy in your relationship. How emotionally close are you to your close other? What do you share with your close other?

20. Describe your level of trust in your close other.

21. Describe how much you (and your close other) depend on each other.

22. How does your relationship with your close other compare to your other relationships?

23. Do you have difficulty asking your close other to do things for you? What things are easier to ask your close other? What things are more difficult to ask your close other?

Feelings/Emotions:
24. What feelings do you associate with your relationship?

Additional Comments:
25. What else would you like to say about your experiences in your close relationship and/or how social anxiety impacts your relationship with your close other? What else would you like to say about your relationships in general?

APPENDIX B.

LIST OF THEMES AND CORRESPONDING CODES

Theme	Corresponding Codes
Struggling to Develop Close Relationships	Relationships being slow to develop Ambivalence towards developing close relationships Varying degrees of closeness between participants Influencing who participants choose as their close others (most close others are more outgoing, "outsiders")
Learning to be Cautious in Relationships	Earlier life experiences influencing later relationships Learning not to trust others Learning to solve personal issues individually Learning to avoid emotional expression
Worrying about Close Other's Expectations and Feeling like a Burden	Experiencing difficulties with communication Engaging in reassurance seeking Not wanting to impose when asking for help Engaging in self-blame and feeling shameful Worrying about disclosing anxiety Worrying about close other's expectations
Having a High Degree of Intimacy and Trust	Liking commitment in the relationship Having a high degree of trust Confiding in and supporting each other

	Feeling comfortable with close other
	Feeling emotionally close
	Close other providing unconditional acceptance
Becoming Over-Dependent	Becoming over-dependent on close other
	Close other making most of the decisions
	Adopting the role of the listener, compromising for others
	Becoming close to those who are older
Being Self-Critical of Relationship Skills	Thinking that individuals without social anxiety are less dependent
	Thinking that individuals without social anxiety have an easier time trusting others
	Thinking that individuals without social anxiety have fewer difficulties with communication
	Thinking that individuals without social anxiety have fewer difficulties with intimacy
	Thinking that individuals without social anxiety form relationships more easily
Close Other's Presence Reducing Anxiety	Close other increasing hope and confidence
	Feeling less anxious, more safe and secure with close other
	Having fewer negative thoughts
	Having fewer physical sensations
	More likely to enter feared situations with close other
	Close other acting as a distraction

About the Authors

Kate Nielsen is a recent graduate from the Masters of Science program in Counselling Psychology at the University of Calgary. This article is based on her master's thesis entitled "Social Anxiety and Close Relationships" (completed 2008). Kate is currently working as a provisional psychologist at a community agency.

Sharon Cairns in an associate professor in the Division of Applied Psychology, University of Calgary. Her current research interests include post-secondary counselling, mental health concerns, and program evaluation.

Address correspondence to <kateejnielsen@hotmail.com>.