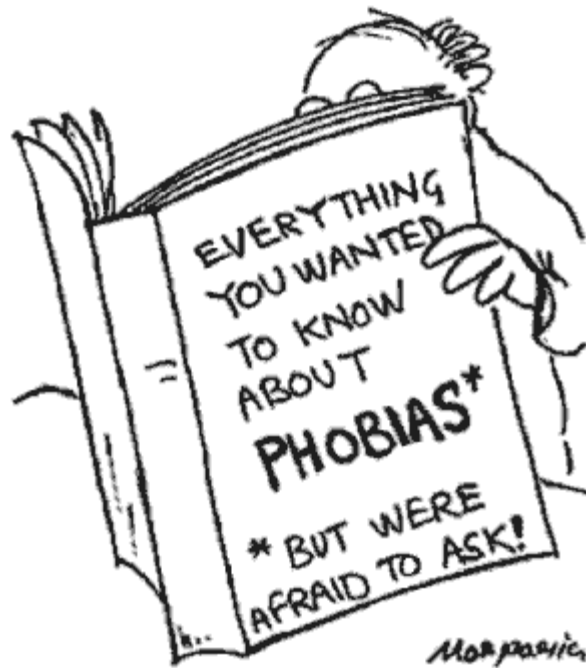


NATIONAL 5 PSYCHOLOGY

Individual Behaviour: Phobias Workbook



For the topic of phobias, candidates must be able to:

- describe what is meant by phobias
- describe the characteristics of agoraphobia, specific phobia, and social anxiety disorder (DSM-V — 2012 revision)
- describe and explain the role of genetic inheritance, and the two-process model (classical conditioning and operant conditioning, Mowrer, 1947) in the creation of phobias
- describe and explain therapies for phobias, which must include:
 1. systematic desensitisation
 2. social skills training
- explain one strength and one weakness of systematic desensitisation
- describe the main aims, method/procedure and results of a study into
 1. the two-process model of phobias (classical or operant conditioning)
 2. the genetic inheritance of phobias
- explain one strength and one weakness of the studies used

Phobias

Task: In your own words, answer the following questions

1. What is a phobia?
2. List some phobias you know.
3. Do you have any phobias? If so, what is your phobia? When do you think it started?
4. How do you think phobias develop? Write down as many ideas as you can think of.

5. *Jane has a phobia of horses and cannot even handle looking at pictures of horses in magazines or on the TV. Everyday Jane has to walk past three fields of horses to get to her bus stop to get to work. She starts to sweat and feels lightheaded when she sees the horses. She is so scared that she walks an extra mile around the fields so that she doesn't have to see the horses. **Think about possible reasons why Jane may have developed a phobia of horses.***

6. Using the internet you must look up the following phobias. You can use www.phobialist.com to help fill in the blanks...

Ornithophobia	
Peladophobia	
	Clowns
Alektorophobia	
	Colour yellow
	The dark
Iatrophobia	
Pteronophobia	
	Injections
Athazagoraphobia	
Eisoptrophobia	
	Nosebleeds

What Are Phobias?

'A phobia is a persistent and unreasonable fear of a particular object activity or situation'

Comer (2008)

'A phobia is an overwhelming and debilitating fear of an object, place, situation, feeling or animal.'

<http://www.nhs.uk/Conditions/Phobias/Pages/Introduction.aspx>

A simple fear is not classed as a phobia, but it may become a phobia if it becomes intense and irrational. Phobias are chronic (severe) and last for many years. Typical symptoms include:

Intense and irrational feelings of fear disproportionate to the danger which may result in a severe **panic attack**

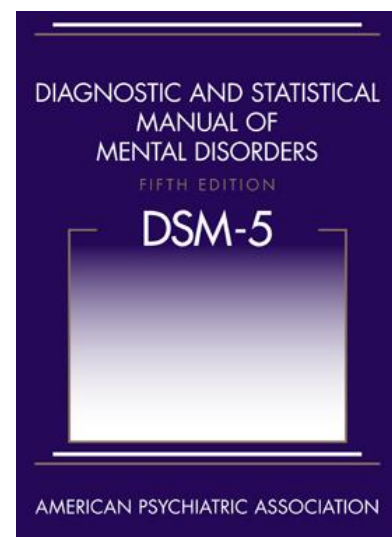
Avoidance behaviour:
engaging in complex, extreme behaviour to avoid the fear inducing object/situation

May be gradual onset or happen very quickly as a result of a particular experience and **affects every day life negatively**

Phobias, like all other mental illnesses, are diagnosed by psychologists and doctors using the DSM V. This is a manual which contains the clinical characteristics of each disorder and help to determine with what, if any, condition a patient should be diagnosed. The DSM was last up-dated in 2013 and this was addition 5 (hence the V).

Specimen Question Paper Question:

Describe what is meant by phobias. **[2 marks]**



Group Discussion Questions

- Do you, or a friend or family member, have a phobia?
- If so, how does the fear-provoking object or situation make you, or the person, feel?
- What kinds of objects and situations produce the fear?
- Is the same kind of phobia experienced by other family members?
- Do family members have a phobia, but of a different sort?
- Why did this phobia develop, in your/their opinion?
- In what ways does the phobia interfere with everyday life?
- Do you think that phobias are more common in males or females?

Types of Phobias

The characteristics mentioned below are in line with this latest publication of the DSM. It stipulates that there are **three main types of phobia**.

1. *Specific phobia*
2. *Social phobia (Social Anxiety)*
3. *Agoraphobia*

1. Specific Phobias

Specific phobia is a diagnosis assigned to individuals who suffer from intense fear or anxiety when exposed to specific objects or situations. Specific phobias may present a response to a range of stimuli, from animals to medical procedures.

Phobias are defined as extreme or irrational fears, often persistent, that compel sufferers to avoid the object or situation to which their fear is connected. A specific phobia relates to a particular stimulus that causes fear, anxiety or avoidance and results in intense distress for the sufferer.

According to estimates, around 19.2 million adult Americans are afflicted by specific phobias, with women affected more often than men at an approximate rate of 2:1. Sufferers will often take measures to avoid the object or situation in question, although individuals are aware that their fears are usually greater than the threat itself.

Most specific phobias develop during childhood and adolescence, although the disorder may present at any stage, often in connection with a traumatic experience.

Characteristics of a specific phobia:

- Persistent fear that is excessive or unreasonable, triggered by the presence or expectation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).
- Exposure to the phobic stimulus almost always provokes an immediate anxiety response, which may take the form of a panic attack. Note: In children, the anxiety may be expressed by crying, tantrums, freezing, or clinging.
- The anxiety must be “out of proportion” to the actual threat or danger the situation poses, after taking into account all the factors of the environment and situation.
- The phobic situation(s) is avoided or else is endured with intense anxiety or distress.
- The avoidance, anxious anticipation, or distress in the feared situation(s) **interferes significantly with the person's normal routine**, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.
- Anyone who is diagnosed with a phobia must have experienced their symptoms for six months.



2. Social Phobia (Social Anxiety)

Social phobia, is a long-lasting and overwhelming fear of social situations.

It's a common problem that usually starts during the teenage years. For some people it gets better as they get older, although for many it doesn't go away on its own.

It can be very distressing and have a big impact on your life, but there are ways to help you deal with it.

Social anxiety is more than shyness. It's an intense fear that doesn't go away and affects everyday activities, self-confidence, relationships and work or school life.

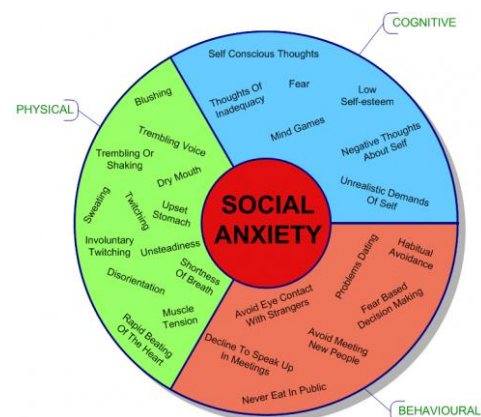
Many people occasionally worry about social situations, but someone with social anxiety feels overly worried before, during and after them.

You may have social anxiety if you:

- dread everyday activities, such as meeting strangers, starting conversations, speaking on the phone, working or shopping
- avoid or worry a lot about social activities, such as group conversations, eating with company, and parties
- always worry about doing something you think is embarrassing, such as blushing, sweating or appearing incompetent
- find it difficult to do things when others are watching – you may feel like you're being watched and judged all the time
- fear criticism, avoid eye contact or have low self-esteem
- often have symptoms such as feeling sick, sweating, trembling or a pounding heartbeat (palpitations)
- have panic attacks (where you have an overwhelming sense of fear and anxiety, usually only for a few minutes)

Characteristics of Social Phobia:

- A significant and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.
- The anxiety must be “out of proportion” to the actual threat or danger the situation poses, after taking into account all the factors of the environment and situation.
- The feared social situations are avoided, or else are endured with intense anxiety or distress.
- The avoidance, anxious anticipation, or distress in the feared social situation(s) interferes significantly with the person’s normal routine, social activities or relationships.



3. Agoraphobia

Agoraphobia is a fear of being in situations where escape might be difficult or that help wouldn't be available if things go wrong.

Many people assume agoraphobia is simply a fear of open spaces, but it's actually a more complex condition. Someone with agoraphobia may be scared of:

- *travelling on public transport*
- *visiting a shopping centre*
- *leaving home*

If someone with agoraphobia finds themselves in a stressful situation, they'll usually experience the symptoms of a panic attack, such as:

- *rapid heartbeat*
- *rapid breathing (hyperventilating)*
- *feeling hot and sweaty*
- *feeling sick*

They'll avoid situations that cause anxiety and may only leave the house with a friend or partner. They'll order groceries online rather than going to the supermarket. This change in behaviour is known as avoidance.

In the UK, up to 2 people in 100 have panic disorder. It's thought around a third will go on to develop agoraphobia. Agoraphobia is twice as common in women as men. It usually starts between the ages of 18 and 35.

Characteristics of Agoraphobia:

- The essential feature of Agoraphobia is anxiety about being in places or situations from which escape might be difficult or in which help may not be available in the event of having a panic attack or panic-like symptoms.
- Anxiety in at least two of the five following situations: using public transport, being in open spaces, being in public enclosed spaces, standing in line or being in a crowd, being outside of home alone.
- A person who experiences agoraphobia avoids such situations (e.g. travel is restricted) or else they endure with significant distress or with anxiety about having a panic attack or panic-like symptoms. People with agoraphobia often require the presence of a companion.
- The anxiety must be "out of proportion" to the actual threat or danger the situation poses, after taking into account all the factors of the environment and situation.
- Anyone who is diagnosed with a phobia must have experienced their symptoms for six months.



- 1. Create a table that provides a definition, examples and symptoms of the three types of phobia that you have learned about.**

Definition	Examples	Symptoms

- 2. Read the following case studies and decide whether they are examples of Specific Phobias, Social Phobias or Agoraphobia.**

- a) 'At the end of March each year, I start getting agitated because summer is coming and that means thunderstorms. I have been afraid since my early twenties, but the last three years have been the worst. I have such a strong heartbeat that for hours after a storm my whole left side is painful. I say I will stay in the room, but when it comes I am a jelly, reduced to nothing. I have a little cupboard and I go there, I press my eyes so hard I can't see for about an hour and if I sit in the cupboard for over an hour, my husband has to straighten me up.'
- b) Edith is afraid of writing her name in public. She can't use cheques or credit cards to shop or to eat in a restaurant. She no longer plays golf because she can't sign the golf register. She can't sign any papers that require approval of a notary public and she can't vote because she can't sign the voting register.
- c) 'Seeing a spider makes me rigid with fear, hot, trembling and dizzy. I have occasionally vomited and once fainted in order to escape from the situation. These symptoms last three or four days after seeing a spider. Realistic pictures can cause the same effect, especially if I inadvertently place my hand on one.'
- d) One ordinary day while tending to some chore, taking a walk, driving to work – in other words, just going about his usual business – Leo Green was suddenly struck by a wave of awful terror. His heart started pounding, he trembled, he perspired profusely, and he had difficulty catching his breath. He became convinced that something terrible was happening to him – maybe he was going crazy, maybe he was having a heart attack; maybe he was about to die. As the attacks became more frequent, he began to avoid situations where he had experienced an attack, then others where he might find it particularly difficult to cope with one by escaping and getting help. He started by making minor adjustments to his habits – going to a supermarket at midnight, for example, rather than on the way home from work when the store tended to be crowded. Gradually Leo Green got to the point where he couldn't venture outside his immediate neighbourhood, couldn't leave the house without his wife, or sometimes couldn't leave at all. What started out as an inconvenience turned into a nightmare. Like a creature in a horror movie, fear expanded until it covered the entire screen of his life.

- e) 'The minute I entered a restaurant it was a complete nightmare. I would sit down and feel the sweat pouring off me. Then my heart would start racing and I'd go redder and redder. It's something about eating in front of people – I'm convinced they're watching and judging me.' Alice also had trouble travelling on the tube and would react suddenly with hot flushes, sweating and palpitations. 'I only had to cough and it would trigger all my symptoms – I was convinced the whole train was looking at me. After that the blushing and sweating would start.'
- f) Dave never complains, even when he wants to. If he even thinks about complaining to someone about something his face flushes and he starts sweating. He is worried that if he complains everyone will think that he is making a fuss over nothing and that he is being awkward or stupid. He puts up with terrible service in shops and restaurants and at work some people treat him badly and take advantage of him because he doesn't protest. This makes Dave feel even worse and he is thinking about leaving his job, even though he is good at it.
- g) Steve is terrified of sharks. He is afraid that if he goes into the sea a shark will attack and kill him. Steve knows that there are no dangerous sharks in the waters around Britain but he is still scared of going in the water. Steve works as a quantity surveyor in Birmingham.

What Causes Phobias?

Why does someone react to a normal, everyday event -- the bark of a dog, for example -- with extreme fear and anxiety? Why do other people react to the same experience with mild anxiety or calm?

Genetic Inheritance

The causes of phobias are not yet widely understood. Increasingly, however, research shows that our biological make-up and specifically **genetics** may play at least some role. Studies show that twins who are raised separately have a higher than average rate of developing similar phobias – evidence that a phobia can be linked to genetics and not environment or learned behaviours. Other studies show that some phobias run in families, with first-degree relatives of phobia sufferers more likely to develop a phobia.

Research has found that first-degree relatives of someone suffering from a phobia are approximately three times more likely to develop a phobia. In general, relatives of someone with a specific anxiety disorder are most likely to develop the same disorder. In the case of agoraphobia first-degree relatives are also at increased risk for panic disorder, indicating a possible genetic link between agoraphobia and panic disorder.

Twin studies have shown that when one twin has agoraphobia, the second twin has a 39% chance of developing the same phobia. When one twin has a specific phobia, the second twin has a 30% chance of also developing a specific phobia. This is much higher than the 10% chance of developing an anxiety disorder found in the general population which again indicates that genetics play a role in phobia development.

Evolution

Perhaps all humans have inherited, through natural selection, a tendency to fear certain potentially dangerous things e.g. heights. It is thought that long ago people who did not fear and avoid such things died out and so their genes were not passed on. So, developing fears of certain objects or situations allowed our ancestors to survive long enough to pass on their phobic genes. We also develop some phobias very quickly, usually of life threatening objects or situations, which supports the role of evolution in the development of phobias as we avoid the danger in order to survive. Evidence shows that some phobias have been around for a long time, which supports the role of evolution.

Biological Preparedness

People (and animals) are innately predisposed to form associations between tastes and illness. Why? It is most likely due to the evolution of survival mechanisms. Species that readily form such associations between food and illness are more likely to avoid those foods again in the future, thus ensuring their chances for survival and the likelihood that they will reproduce.

Many phobia objects involve things that potentially pose a threat to safety and well-being. Snakes, spiders, and dangerous heights are all things that can potentially be deadly. Biological preparedness makes it so that people tend to form fear associations with these threatening options. Because of that fear, people tend to avoid those possible dangers, making it more likely that they will survive. Since these people are more likely to survive, they are also more likely to have children and pass down the genes that contribute to such fear responses.

In your own words explain how genetic inheritance/evolution causes phobias to develop.

Dias and Ressler (2013)

Genetic Factors and Phobias in Mice

Aim: Ressler and his colleague Dias became interested in genetic inheritance after working with poor people living in inner cities, where cycles of drug addiction, neuropsychiatric illness and other problems often seem to recur in parents and their children. Ressler and Dias then opted to study genetic inheritance in laboratory mice.

Method: It was a lab experiment using mice trained to fear the smell of acetophenone, a chemical the scent of which has been compared to those of cherries and almonds. They wafted the scent around a small chamber, while giving small electric shocks to male mice. The animals eventually learned to associate the scent with pain, shuddering in the presence of the scent even without a shock. They then assessed the offspring of the trained mice to measure whether or not they had inherited the fear of acetophenone.

Results: Despite never having encountered acetophenone in their lives, the offspring showed increased sensitivity when introduced to its smell, shuddering more markedly in its presence compared with the descendants of mice that had gone through no conditioning. A third generation of mice, the 'grandchildren', also inherited this reaction. The inheritance takes place even if the mice are conceived by in vitro fertilization. This indicates that somehow, information about the experience connected with the scent is being transmitted via the sperm or eggs.

Conclusions: When a mouse learns to become afraid of a certain scent, his or her pups will be more sensitive to that scent, even though the pups have never encountered it. This suggests that fears can be the result of genetic inheritance.

Evaluation:

- **Strength:** As this was a lab experiment it can be easily replicated by other researchers. The extraneous variables can be controlled in order to measure cause and effect. It has been viewed as a rigorous study and shows clearly a genetic link to phobias.
- **Weaknesses:** The findings are limited as the study was only focussed on scent and inheritance. The researchers do not know if animals could also be trained to fear sound for example. Also, the researchers do not know how the fear is transferred to the sperm or egg. Lastly, as it is an animal study the results are difficult to generalise to humans.

Task:

1. Using a method of your choice – write up, newspaper article, cartoon strip, mind-map – outline the main aims, method, results and conclusion of this study.

The 2 Process Model (Classical and Operant Conditioning)

This theory suggests we learn to have a phobia. Phobias are seen as learnt behaviour, either through classical conditioning or operant conditioning.

This is a 2 process model (Mowrer, 1947) as it involves learning through:

- Classical conditioning (learn the phobia)
- Operant conditioning (maintain it)

Classical Conditioning

When you look at the picture on the right what thoughts come into your head? Perhaps you just thought of the word pizza. Perhaps you thought of a holiday in Italy or what happened at dinner last night. Perhaps you're now salivating at the thought and looking forward to your next pizza. Perhaps you were scared or made nervous or disgusted by the picture. These and many other possibilities might apply. All you have done is to **associate** the image with a word or set of thoughts. In other words, you have **linked one thing with another**. This is called **Classical Conditioning** which is **learning by association** or linking one thing with another.



Another good example of this is the picture on the left. What kinds of things do you associate with that? For some people it's just the dentist at work – for others it's your nightmare come true! Why do some people have one association and others have a different one? The answer is that they have learned these different **associations**.

Certain behaviour of course are probably not learned – you probably don't need to stick your hand into a fire to test if it hurts or not – you just "know" it does. However, if you have ever burned yourself then you will associate any kind of flame with the possibility of pain and so you will have **learned** that fire can burn and if you're burned, it will be painful.



Many **animals** learn through **classical conditioning**. For example, imagine your dog poops on your carpet. You can't tell your dog that it is wrong because he won't understand. You have to link the action with something else to get your point across.

Some of the earliest learning in childhood is also classical conditioning. When a child is learning to name things parents usually link the word with an image. As you get older however you may need to make new associations.

Classical conditioning suggests that the person has **learned to fear something** i.e. a neutral stimulus if it is paired with a frightening event (the unconditioned stimulus) i.e. learnt an association between the neutral stimulus and conditioned stimulus. Fear becomes the conditioned response.

Pavlov (1927) carried out research into salivation in dogs. When dogs are fed they salivate. This is an unlearned or **unconditioned reflex**. Pavlov noticed that the dogs he was testing also salivated at the sight of their food bowl or the sounds of the person arriving to feed them. He realised that the dogs had **associated** other things with food and so salivated at these alone. He called this a **conditioned response** – in other words the dog had **learned** to respond to one thing in place of another.

Pavlov developed his experiments in the lab as follows. Shortly before presenting the dogs before food he rang a bell. Eventually the dogs salivated at the sound of the bell alone. This means that they had been **conditioned** to salivate at the sound of the bell – which is not normal behaviour. The dogs now **associated** the bell with food and so responded to the bell as if it were food.

So the dogs have now been **conditioned (trained)** to associate a bell with food. This can happen to you too – if you are out of school and hear a bell – you might get ready to “pack up”. This is because you associate the sound of a bell with change of class.

Operant Conditioning

Operant Conditioning is where an **association** is made between a behaviour and a **consequence**. If the consequence of a behaviour is a **good** one then you are likely to **repeat** that behaviour. If the consequence is an **unpleasant** one then you will either **not repeat** that behaviour or **replace it** with one that might have positive consequences.

Anything which makes a behaviour likely to happen again is called a **reinforcer** or **reinforcement**. You may change your behaviour following reinforcement by repeating the thing which brought the reward or avoiding the thing which brought no reward. Sometimes it's called **avoidance behaviour**, where you're trying to avoid an unpleasant reinforcer.

Positive reinforcement usually links a behaviour to some kind of **reward**. This can be an **intrinsic** reward such as feeling good about doing something or an **extrinsic** reward such as money or a prize etc. Positive reinforcement makes the desired behaviour likely to happen again (maintains behaviour).



Negative reinforcement also increases or maintains behaviour. It does this by not giving you something positive, but by **taking away something negative**. For example, you keep your room tidy for a week and your parents take away your duty of washing the dishes.



Once a phobia is established it continues due to operant conditioning - the phobic person avoids the thing they fear, so it is learned through (negative) reinforcement. For example, if Little Albert had avoided rats, cotton wool, etc. this would reduce his fear (making him feel better) however his phobia would become stronger and he was reinforced to avoid them again. Avoidance maintains the fear and preserves the phobia. However, frequent contact with a phobic object may reveal it is harmless, which will lead to the extinction of the phobia. However, people with phobias go to great lengths to avoid the object of their fear.

Classical Conditioning & Phobias

Watson and Rayner - 'Little Albert'

Background: The "Little Albert" experiment was a famous psychology experiment conducted by behaviourist John B. Watson and graduate student Rosalie Rayner. Previously, Russian physiologist Ivan Pavlov had conducted experiments demonstrating the conditioning process in dogs. Watson was interested in taking Pavlov's research further to show that reactions could be classically conditioned in people.

Aim: To show that emotional responses could be classically conditioned in humans.

Method: The participant in the experiment was a child that Watson and Rayner called "Albert B." but is known as Little Albert. Around the age of 9 months, Watson and Rayner exposed the child to a series of stimuli including a white rat, a rabbit, a monkey, masks, and burning newspapers and observed the boy's reactions. The boy initially showed no fear of any of the objects he was shown – they were **neutral stimuli**. The next time Albert was exposed to the rat, Watson made a loud noise by hitting a metal pipe with a hammer. Naturally, the child began to cry after hearing the loud noise. After repeatedly pairing the white rat with the loud noise, Albert began to cry simply after seeing the rat – this had now become a **conditioned stimulus**.

Results: Little Albert had been conditioned to have fear when seeing the white rat. However, in addition to demonstrating that emotional responses could be conditioned in humans, Watson and Rayner also observed that stimulus generalisation had occurred. After conditioning, Albert feared not just the white rat, but a wide variety of similar white objects as well. His fear included other furry objects including Rayner's fur coat and Watson wearing a Santa Claus beard.

Evaluation:

- **Weakness:** the experiment raises many ethical concerns. The Little Albert experiment could not be conducted by today's standards because it would be unethical. The researchers did not take into account the psychological harm and distress that they were causing Little Albert. They prioritised psychological discoveries over the wellbeing of the child.
- **Strengths:** It was a lab experiment which means Watson and Rayner could control the variables which allowed them to observe cause and effect without the influence of other extraneous variables. It was also one of the first studies to show that emotional reactions could be conditioned in humans. Prior to this studies had focused only on animals.

Tasks:

1. Make revision cards on the aim, method, results and conclusion of this study.
2. Explain the role of genetic inheritance in the creation of phobias. **[5 marks]**
3. Explain the role of the 2 process model in the creation of phobias **[5 marks]**
4. You are working for the NHS and have been asked to create an information leaflet explaining phobias and how they develop.

Therapies for Phobias

Systematic Desensitisation:

This is a type of learning therapy based on the concept of classical conditioning – it focuses on replacing the anxiety that results from a phobia with calm, relaxing thoughts and behaviours. Phobias are thought to be learned anxiety responses to particular stimuli e.g. spiders or crowds of people. Therefore it is assumed that the phobia can be removed by teaching someone to relax when in contact with the phobic object.

Systematic desensitisation is so called because:

- Systematic = means gradually facing up to the phobic object throughout a hierarchy of exposure (least fearful to most fearful).
- Desensitisation = Brought about through relaxation techniques taught before facing up to the phobic object.

Systematic desensitisation takes place over a number of sessions depending on the strength of the phobia and the client's ability to relax. Therapist and client jointly agree what the therapeutic goal should be and the therapy is deemed successful once this goal has been reached.

The process can either be in vivo (exposure to the real object) or in vitro (imaginary exposure to the object).

There are four stages to SD:

1. Functional analysis – careful questioning to discover the nature of the anxiety and possible triggers.
2. Construction of an anxiety/fear hierarchy – client and therapist derive a hierarchy of anxiety provoking situations from least to the most fearful.
3. Relaxation training
4. Gradual exposure

Behavior	Fear rating
Think about a spider.	10
Look at a photo of a spider.	25
Look at a real spider in a closed box.	50
Hold the box with the spider.	60
Let a spider crawl on your desk.	70
Let a spider crawl on your shoe.	80
Let a spider crawl on your pants leg.	90
Let a spider crawl on your sleeve.	95
Let a spider crawl on your bare arm.	100

Evaluation of Systematic Desensitisation

Strengths:

The fact that the technique can be applied in images (in vitro) means that many of the practical disadvantages involved in in vivo exposition with a particular type of phobia can be eliminated e.g. if someone has a phobia of heights it may not always be practical to take them to the top of a very high building or mountain. It can instead be achieved through images or virtual reality tools.

Weaknesses:

One weakness of in vitro exposure is that it relies on the client's ability to be able to imagine the fearful situation. Some people cannot create a vivid image and thus systematic desensitisation is not always effective e.g., it may be more effective to actually take them to the top of a high building instead of using images. Systematic desensitisation is also a slow process, taking on average 6-8 sessions. Although, research does suggest that the longer the technique takes the more effective it is.

Specimen Question paper Question:

Social Skills Training:

Education and skills training is also a useful therapy for phobias. Social skills training can be useful for social phobia. Social skills are skills acquired over time through participation in social situation and communication in a social setting. Unfortunately, people with social anxiety have avoided social situations for most of their life. Therefore, these skills are often lacking or very limited. Most of us take for granted social skills. **Can you list any?**

Imagine you did not know how to 'read' facial expressions, for example when someone is getting angry or bored or wants to change the conversation topic? Or understand the give and take nature of a conversation and so only spoke about yourself? Lacking these skills, a person is likely to have unpleasant social interactions without understanding why. Lacking this understanding, people wrongly conclude they are somehow not important and incompetent. Thus, this then increases the chances of them avoiding social situations. This avoidance creates a cycle whereby there are no opportunities to learn social skills. A social skills training group address this problem in a safe and comfortable manner. Social skills' training is usually delivered in a group therapy format. This is because a therapy group provides an ideal social environment in which to practice these skills. Social skills training can help patients to improve their communication and social skills so that they will be able to socialise with others or go to job interviews with greater ease and self-confidence.