

2023

## Lived Experiences of College Students with Social Anxiety Disorder Accessing Support Services

Patrice Nicole Broaden  
*Walden University*

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# Walden University

College of Social and Behavioral Health

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Patrice Nicole Broaden

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Walden University  
2023

Abstract

Lived Experiences of College Students with Social Anxiety Disorder Accessing Support

Services

by

Patrice Nicole Broaden

MA, Wayne State University, 2007

BS, Alabama A&M University, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2023

## Abstract

Many college students exhibit symptoms related to social anxiety disorder (SAD); however, they were not addressed or diagnosed until college. College counseling centers are experiencing an increased number of students with SAD. College students with SAD often experience failing grades, have limited social interaction with peers, and lack appropriate assertiveness. The purpose of this hermeneutic phenomenological study was to investigate the lived experiences of college students with SAD accessing support services. Phenomenology was the framework used to support the study. Semi structured interviews with 10 students were used to generate rich, detailed descriptions of the phenomenon. An interpretative phenomenological analysis revealed seven themes: experienced SAD early in childhood, experienced dual diagnoses, experienced issues with family and interpersonal relationships, positive experience with counseling services, counseling experience helped improve academics, experienced physical effects of SAD, and experienced psychological symptoms. Findings may help professional counselors advocate for clients and may inform educational institutions regarding how they can improve responsive services for students with SAD.

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## Dedication

I humbly and respectfully dedicate this research project to my ancestors who were not able to obtain a high level of education but through their hard work and unwavering spirit, I was able to obtain a higher level of education. Also, I would like to dedicate my research project in loving memory of my father, Jimmie Broaden.

## Acknowledgments

First, I would like to thank God for giving me the strength and unwavering faith to endure this process. I would also like to thank my committee for their guidance and support of my research. Finally, I would like to thank my family for being my cheerleaders. When I wanted to quit, my daughter, Demetria, and son, Demarrius, provided me with words of encouragement.

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## Chapter 1: Introduction to the Study

### **Problem Statement**

Social anxiety disorder (SAD) is as an intense fear of negative evaluation and avoidance of feared situations (American Psychiatric Association, 2013). Individuals who have been diagnosed with SAD experience a persistent fear during exposure to unfamiliar places and people and in social performance situations (American Psychiatric Association, 2013). SAD was found to be one of the most common psychological disorders (7.9%) among both female and male students. Comorbid symptoms may also arise with SAD, such as major depression, bipolar disorder, alcohol/substance abuse disorder, and other personality disorders (Spence & Rapee, 2016). The onset of SAD occurs almost universally in childhood or adolescence, and previous research indicated that between 4% and 8% of adults in the general population suffer from SAD (Cornish et al., 2017). Due to the high prevalence rate and great harm linked with a diagnosis of SAD, Hunt and Eisenberg (2010) suggested that treatment resources should target young adults such as college students.

The increase in students diagnosed with SAD is disconcerting for those who have attended colleges and universities (Stewart & Mandrusiak, 2007). College students with SAD during preadolescence often exhibited no severe early warning signs; therefore, the disorder goes undiagnosed, and students are identified merely as quiet or shy (Ecclestone et al., 2005). As a result, it may be difficult for educators and parents to recognize the signs and effects of the disorder, which results in the young adult's anxiety incubating and worsening once they reach college (Dalrymple, 2012).

The need for providing counseling for students includes a broad spectrum of issues such as social anxiety, life transitions, stress, eating disorders, substance abuse, and academic issues (Dickter et al., 2018). Presenting issues of students in university counseling centers have become an all-time high over the past 2 decades (American College Health Association, 2014). Although research showed students' psychopathology has remained stable, concerns remain that students' mental health needs are not adequately addressed on college campuses (Pontillo et al., 2019). The prevalence rates of psychological and psychiatric symptoms of college students are about 30% (Eisenberg et al., 2011). Prevalence rates of psychological distress among college students showed a need for adequate knowledge of college mental health services (Stein et al., 2017). Social anxiety is a significant problem on college campuses, which causes many students to use counseling centers at record numbers (O'Reilly et al., 2018). Anxiety now exceeds depression as the chief common psychological health diagnosis among college students (Pedrelli et al., 2015). Over half of the students who visit college counseling centers cite anxiety as a mental health concern; according to a study, nearly 1 in 6 college students has been diagnosed with or treated for anxiety (Hoffman, 2015). Social anxiety among college students may be challenging due to its link with other psychological and interpersonal problems and goes unnoticed unless the student is under extreme distress (J. Brown, 2016). Undergraduate students with SAD are seen to be less assertive and are viewed by their peers as vulnerable (Schry et al., 2012).

Academic performance is the primary concern of students, which affects every area of their lives, including mental health (Barrable et al., 2018). Academics and mental

health can go hand in hand for college students (Parker et al., 2004). Studies emphasized the connection between mental health and academic success (Barrable et al., 2018).

Hoffman (2015) stated that at Ohio State University's counseling center over half of the students indicated counseling was influential in helping them remain in school. Anxiety-troubled students identify schoolwork as their leading stressor (Hoffman, 2015). Starting with communicating with professors and obtaining new friends and starting romantic relationships, a significant aspect of campus life is social (Cuncic, 2019). If SAD is left untreated, every facet of students' college experience may be affected (New, 2017). SAD students may find it challenging to engage in the classroom actively, ask questions, receive help with homework, participate in study groups, give effective presentations, and communicate with professors (Ranta et al., 2009). Socially, SAD students are less likely to participate in student organizations, clubs, and sports; to start friendships or romantic relationships; and to stand up for themselves in stressful situations (New, 2017).

Academic matters may be a trigger for other presenting issues for college students (Lau & Rapee, 2011). SAD can be debilitating and can lead to depression and low self-esteem (Ranta et al., 2009). In more critical cases, SAD can prevent a student from appearing in public, attending class, or giving a presentation in front of spectators (Dell'Osso et al., 2013). social anxiety can also prevent a student from experiencing various learning opportunities and essential social experiences (Dalrymple, 2012). Therefore, counselors must not only provide mental health services but also ask questions to address academics concerns (Meyers, 2016). Students living with SAD should be encouraged to participate in social activities that will not negatively trigger their disorder

but, at the same time, address their feelings and teach them how to navigate the system to obtain their goal of self-sufficiency (Vassilopoulos et al., 2013). Additional support services are needed to help students with SAD to address their academic, social, and emotional concerns (Substance Abuse and Mental Health Services Administration, 2021). The increase of students with SAD on college campuses has led to a nominal amount of support services for students (Shallcross, 2010), which made the current study vital. According to the American College Health Association (2018), the latest statistics indicated 80% of college students with SAD sometimes or frequently experience daily stress, and 45% of female students and 36% of males stated they felt so depressed they could not function.

Further validation for the current study was the necessity to find more effective support services and intervention strategies for college students with SAD. Understanding their lived experiences with SAD may add to existing research and may bring a disorder that often goes unnoticed and mistaken for shyness to the forefront on college campuses. Allowing counselors to perceive, develop, and provide support services to SAD students on college campuses requires acceptance and understanding of SAD students as they transition into adulthood, which often presents a challenge for students.

College counselors often turn to scholarly research to guide their best practices when working with college students (Wemm et al., 2017). Researchers called for a better understanding of the social, cognitive, and behavioral tendencies to develop interventions for individuals with social anxiety (Barlow, 2002). The issue was students were leaving



school due to psychological disorders, long waiting lists at counseling centers, and lack of training of faculty and staff to deal with the growing psychological needs of today's college students (Gfellner & Cordoba, 2017). College counseling directors and independent researchers have documented the increase of anxiety and other personality and mood disorders in the past decade (Lipson, 2019). According to the Anxiety and Depression Association of America (ADAA, 2018), some of the most striking statistics are the following:

- 95% of college counseling directors stated that the population of students with significant or severe mental health issues is growing on their campus.
- SAD is the second most commonly diagnosed disorder among college students.
- 20% of college students surveyed stated they have or had an eating disorder.
- As a result of coping with SAD, almost one third of college students meet the criteria for being diagnosed with alcohol abuse.
- 80% of college students feel overwhelmed, and over half felt things were hopeless.

For this reason, several college counseling center directors have called for an increase in research assessing levels of mental health on college campuses because the data are limited (National Survey of College Counseling Center Directors, 2015). According to the American College Health Association National College Health Assessment (2015), learning about the lived experiences of students with SAD would help increase awareness concerning issues confronting students with the disorder on

college campuses. The National Survey of College Counseling Center Directors (2015) stated that college counselors played a significant role in helping bring about awareness and sensitivity to problems facing students with SAD on college campuses, which can be beneficial in establishing the counseling profession through social change and advocacy. College counseling centers are often a part of first-year orientation sessions, which allow counselors the opportunity to interact with new incoming students, establish a therapeutic presence on campus, and create steps toward social change (Ledley & Heimberg, 2006). Shallcross (2010) noted that “counselors shouldn’t be on the bandwagon; we should lead the charge” (p. 29-30). The current study may help to guide training with scholarly research that would bring about social change on college campuses for SAD students. By understanding the lived experiences of students with SAD, counselors may be better equipped to provide support services and educate students on coping with stress, anxiety, social fears, and academic and social expectations.

### **Purpose**

College is a time of transition as students learn for the first time in their lives how to navigate living on their own, juggling the demands of coursework and social life, figuring out how to advocate for themselves concerning assignments and grades, and adapting to roommates (Hughes, 2018). The purpose of this hermeneutic phenomenological study was to explore the lived experiences of college students diagnosed with SAD while accessing support services. The lived experience refers to the way researchers view the perceptions of people in the world in which they exist (Kafle, 2011). The current study was grounded in the previous research related to access to

support services for college students with SAD. Qualitative methodology allows researchers to identify important aspects of participants' stories, determine the meaning of their stories, and stipulate issues that influenced their life experiences (Austin & Sutton, 2014). In the current study, I provided college counselors with an opportunity to describe the experiences of college students receiving services for SAD. Findings may be used to enhance college counselor training in SAD and inform their construction of support services. Often college counselors know how to provide therapeutic service; however, they find implementing support services for students with SAD challenging (Reilly, 2018). The current study was needed because the more college counselors understand the impact SAD has had on college students' quality of life, the more likely college counselors can develop support services that meet students' needs. Furthermore, the project may inform college counselors and administrators about the experiences of students with SAD so they can provide appropriate support services. The study's focus was to fill a gap in existing literature about the lived experiences of college students with SAD and how they make meaning of these experiences.

### **Significance**

SAD is a mental health condition worthy of studying in the college environment because of its impact on students' emotional and social needs in college. The college atmosphere provides frequent opportunities that force students to participate in social situations (Ecclestone et al., 2005). According to Hjeltnes et al. (2015), the potential adverse impact on academic performance and social anxiety during college reflected a need for available psychological intervention that may address the needs of students who

struggle with these issues. There was a substantial misperception on how to meet the educational and emotional needs of students diagnosed with SAD and how the characteristics of the disorder emerge in their everyday lives (Alden & Crozier, 2005). Masia-Warner, et al. (2011) suggested that young adults often seek mental health services due to concerns about being labeled abnormal. The current study addressed the gap in accessing support services and training faculty and staff on how to help students with SAD. Findings may empower college counselors to extend their roles to consultants to train college staff on how to provide support services to college students with SAD.

### **Background**

SAD often emulates or is comorbid with other childhood disorders. Indicators such as school refusal, tantrums, or irritability may be less reflective of oppositional behavior than underlying SAD (Burstein et al., 2011). Additionally, SAD remains under detected in primary care practice, with patients often presenting for treatment after the beginning of problems such as major depression or substance use disorders surface (Miller et al., 2011). Delayed or missed diagnosis occurs because parents and school officials fail to identify the disorder, accepting the belief that the young adult is shy (Beidel & Turner, 2007). The estimated lifetime experience of social anxiety ranges from 7% to 13% depending on the diagnostic limit used (Burstein et al., 2011), while clinically substantial levels of social anxiety range from 10 to 16% of college students (Topham & Russell, 2012).

Additionally, traditional-age college students are at increased risk of onset and experiencing worsening of SAD symptoms. The average age at onset is 10 to 16 years,

with a constancy of signs emerging around age 19 and solidifying symptoms developing after age 24 (Beesdo-Baum et al., 2012). A meta-analysis indicated that individuals suffering from persistent social anxiety experienced significant impairment in value of life and psychosocial operation (Olatunji et al., 2007). If untreated, one third of people go into remission from social anxiety within 10 years (Keller, 2006). This reinforced the importance of recognizing symptoms and understanding the impact social anxiety has on first-year college students when designing interventions. To understand the impact, a person must be knowledgeable of the symptoms of SAD.

Heimberg et al. (1995) suggested that physical indicators of social anxiety are similar to those of an anxiety attack. When social anxiety happens, individuals experience all of the symptoms of autonomic nervous system stimulation (racing heart, sweating, clammy hands, quivering, stomach butterflies, and feeling sick) and in some situations experience panic attacks and loss of consciousness (Davey et al., 2021). Physical conditions contribute to significant distress and embarrassment, which often affect the individual's ability to perform a task in the presence of others (Hagell et al., 2013). According to Clark and Wells (1995), performance anxiety is the most common symptom of social phobia. An individual who experiences performance anxiety cannot perform the tasks that they would otherwise find simple if performing alone in the presence of others (Clark & Wells, 1995). Social anxiety also involves a fear of being negatively judged by others and being embarrassed in public (Richards, 2016). When social anxiety emerges, an individual's cognitive functioning may become impassive (Hoffman, 2015). In many cases, an individual with social anxiety avoids social situations, which results in a

distorted self-perception, poor self-esteem, depression, academic issues, and dropping out of school (Richards, 2016).

Students with persistent, troubling social anxiety were characterized as being between educational and psychological perspectives, which means there was a greater prevalence of anxiety disorders among individuals with high intelligence: 9.1% more than the national average (Kessler et al., 2005). Research suggested that low-cost alternatives for assisting these undergraduates were implemented within current structures for organization training and student assistance in educational organizations (Hjeltnes et al., 2015). College counselors must improve efforts to assist students in developing and cultivating social relationships (Carr, 2022). Students with social anxiety often described staff as being unaccommodating and lacking consideration and empathy; students also stated they valued personal help and chances to build skills in coping with circumstances (LAbate, 2012). Students selected, for example, not to be pointed out for questioning in the classroom or to have assessed performances in their initial term (Bradbury, 2016). The longing to be successful and the worry of failure coexist in many undergraduates (Belch, 2011). Detailed understanding of this conflict is required. For example, faculty and staff should be aware that students resist seeking help because of the shame they feel. Such acknowledgment would empower undergraduates with information about their instruction preferences and anxieties. Once learners are informed, counselors can differentiate between students' concerns that show a need for more academic assistance and those that indicate deep-seated worries about themselves that may entail additional professional assistance from counselors (Keller, 2006).

## Framework

The purpose of this hermeneutic phenomenological study was to understand and describe a phenomenon in-depth and reach the essence of participants' lived experiences of the phenomenon (see Cilesiz, 2010). The purpose of using a phenomenological design to conduct this study was to understand the essence of individuals' lived experiences of SAD. Heidegger (1962, as cited in Brandom, 1983) was concerned with the ontological question of existence. According to Heidegger (1962), the human being must understand that they are a "being toward death" (p. 289), which means as soon as a human comes to life, they are old enough to die. Heidegger (1962) stated that if people want to know what it means to exist, they must start by asking the question, "Who am I?" The goal is to understand the thinking being in general, which for the current study was understanding what can be and what is possible for individuals with SAD. Heidegger (1962 as cited in Caputo, 1984) wanted beings to be free and live for themselves; Heidegger wanted to cover what he referred to a "thrownness" by understanding what is taking place.

Heidegger (1962 as cited in Pietkiewicz & Smith, 2012), a pupil of Husserl, argued that beings were a part of that which they try to understand and cannot separate exploration of their actual self from their being in the world self (who I am) and the situation (why I am here). Heidegger's (1962) approach to phenomenology marked the beginning of the hermeneutic circle, which emphasizes being and free will. Hermeneutic phenomenology involves speaking, listening, hearing, and keeping silent to have discourse with others; in other words, active listening is required on the part of the researcher (Neubauer et al., 2019). Beings have an integrated experience of being in the

world that gets split because of their forgetfulness, for instance through social alienation, or by letting issues in their lives influence their being (Heidegger, 1962). Participants' self-reflections were interpreted using a hermeneutic circle that consists of reading, reflective writing, and interpretation.

Furthermore, a hermeneutic approach in phenomenological research is used to investigate participants' experiences in a broader manner rather than from the researcher's perspective (Von Eckartsberg, 1998). Being mindful of the differences in the cultural background of the researcher and participants, as well as limiting influences on participants, is the goal of any qualitative study, not only hermeneutic studies. In the current study, I used a hermeneutic phenomenological approach as the primary methodology and individual participant experiences as the focus of the study.

### **Research Question**

This study was designed to explore SAD college students' access to support services and their experiences regarding their academics, social relations, and services. Of primary importance to this study were factors that contributed to students' success, supports used, and the role college counselors played in providing services. The research question for this doctoral project was as follows: How do college students with SAD experience access to support services on college campuses?

### **Nature of the Study**

The purpose of the current study was to provide understanding of the personal experiences of the participants and to assist college and university counselors, faculty, and staff, as well as clinicians, in understanding aspects of SAD that relate to college



students. Semistructured interviews and focus group interviews were used to gather data concerning how students with SAD understand and construct their worlds. The study provided critical information on how participants viewed or defined their experiences. Participants' reflections included reconstructions of lived events and information that allowed for placement of facts in a social setting. Also, follow-up interviews were conducted to address any gaps in data such as misunderstandings and missing and unclear information. The phenomenological framework provided valuable insight into how college students with SAD handled conflicts and social settings and what supports were employed to negotiate their educational experiences.

Semi structured interviews were conducted to allow for the collection of data using a phenomenological inquiry. Phenomenological researchers typically conduct extended interviews. Phenomenology is an informal, interactive process and includes open-ended questions. Follow-up interviews were employed to fill any missing or misunderstood data until saturation occurs. Gaps consisted of any discarded data or areas that are left implied or incomplete. The initial interviews and follow-up interviews were the main methods of data collection in this study.

Each participant was informed of the possible benefits and hazards of partaking in this study and were asked to provide written consent for participating. Transcripts of the interviews were analyzed case by case through systematic, qualitative analysis. Participants' demographic information was recorded (sex, age, race, etc.). Confidentiality was protected by giving each participant a unique identifying code (e.g., P1, P2, P3.). The codes were used for the analysis of data, and the researcher was the only person who

could identify the participants' and their related codes. Themes were compiled, and a transcript was converted into a narrative account in which my diagnostic interpretation was supported with responses from participants.

### **Concluding Thoughts**

SAD is a mental health condition that can affect an individual's work, school, and other day-to-day activities. SAD can make it difficult for an individual to make and keep friends due to the anxiety impairing their interpersonal and communication skills. By learning more about anxiety and how it affects the lives of individuals, I sought to obtain findings that could be used to create better coping strategies and response services. Research and advocacy are critical in helping improve responsive services for young adults with SAD before and during college.

## Chapter 2: Literature Review

This chapter provides an analysis of social anxiety literature that focuses on the prevalence and psychological symptoms or tendencies of the disorder and the proposed origins across several theoretical domains. A phenomenological approach (PA) was used to guide the data analysis for this study. Using PA provided insight into how college students understand SAD and enabled me to analyze data from interviews to develop detailed descriptions of participants' human experiences. The goal of using PA is to understand the content, complexity, and meaning of participants' experiences (Neubauer et al., 2019). Study results may allow mental health professionals to understand the lived experiences of individuals diagnosed with SAD and to offer more responsive intervention programs. For instance, college counselors may implement needed intervention programs to assist students with SAD, maintain the maximum standards of practice and care, and ensure the highest quality of training for learners. The results of this study could inform college counselors' practice and enable them to foster close and open dialogue between client and consultant, thereby shifting the focus from a practical treatment of SAD to one that involves a competent counselor who understands the in-depth lived experiences of SAD (see Grus, 2009).

The current study was designed to explore college students' perceptions of SAD, to integrate their perceptions within the training college counselors receive, and to establish intervention-based programs. The primary conceptual framework of this study would illustrate social anxiety and provide more background and support about the

disorder. The chapter includes the following sections: definition of SAD, comorbid features of SAD, cognitive factors, and environmental factors.

### **Literature Search Strategy**

To explore the lived experiences of college students with SAD required a comprehensive examination of the literature across the disciplines of psychology, childhood and adolescence, mental health and colleges, and university responsive services. PsychInfo, Proquest, and Google Scholar databases were used for the literature review. The search strategies encompassed the constructs of adolescence, SAD, mental disorders, coping abilities during adolescence, cognitive psychology, child development, adolescent personality disorders, and responsive services on college campuses. Literature was studied to explore the associations between college and SAD and mental health services on campuses. Risk factors and strategies were discussed during the developmental transitional phase and the effects of social anxiety on young adults during their college tenure.

According to the ADAA (n.d.), SAD is the most common mental illness in the United States, affecting 15 million adults in the United States age 18 and older, or 6.8% of the population every year. SAD is highly treatable, yet only 36.9% of those suffering receive treatment. Risk factors of SAD can develop from genetics, brain chemistry, personality, and life events. SAD is equally common among males and females and begins typically around age 13. According to a 2007 ADAA survey, 36% of individuals with SAD reported experiencing symptoms for 10 or more years before seeking help.

## Research Foundation

A phenomenological framework was used in this qualitative study to explore the lived experiences of college students with SAD. The framework allows for a thorough investigation and limitless interpretation of subjective experiences to find the objective nature of things realized by participants (Kafle, 2011). This theory of endless interpretation occurs when thinkers engage with doctrines from other thinkers who acquired knowledge by engaging with thinkers of their day. Participating in this continuum creates an endless chain of listening that constitutes essential thinking, which intimates that all humans maintain discourse with their predecessors as well as thinkers to come (Heidegger, 1959, as cited in Palmer, 1980). People participate in listening and learning from their experiences and those of others (Kramer, 1997). The use of hermeneutic phenomenology allowed me to focus on the personal experiences of college students with SAD; through their reported lived experiences, the phenomenon was revealed.

Hermeneutic phenomenology is a qualitative method that stems from and remains closely connected to phenomenological philosophy, a component of central philosophy (Denzin & Lincoln, 2000). Phenomenology as a methodology can be applied to nearly any human experience (Adams et al., 2014). Even though phenomenology's roots can be traced back centuries, it became a discrete philosophical project in the mid 1890s with the work of Husserl (1970) who reasoned that because people are already in the world, their only certainty is their experience within society; therefore, understanding the structure of consciousness can serve as the foundation for all knowledge. The basic principle of

hermeneutic phenomenology is that people's most important and essential experience of the world is completed with meaning (Merleau-Ponty, 2006; van Manen, 2014). People experience the world as meaningful and are compelled to understand or explain it. The purpose of hermeneutic phenomenological research is to reveal reflect on the lived meaning of the primary experience. Researchers attempt to describe a phenomenon as it appears in everyday life before being theorized, understood, explained, and otherwise abstracted while knowing that any attempt to do this is always uncertain, dependent, and incomprehensive (Adams et al., 2014).

Heidegger, when using interpretive hermeneutics, used the hermeneutic circle method of analysis in which there are recurrent review and analysis between the parts and the whole of the text. The primary tenet of the hermeneutic interpretive school of thought is that investigators cannot remove themselves from the meanings removed from the text. The researcher becomes a part of the phenomenon. Therefore, preconceived ideas or opinions are not bracketed (Polit & Beck, 2005). I explored how college students interpret their experiences of being in with SAD. The design was based on Heidegger's interpretive (hermeneutic) phenomenology. The purpose of the study was to understand how college students make meaning of their experience of being in college with SAD and interactions with others (see Lopez & Willis, 2004).

### **Literature Review**

SAD is an anxiety disorder that can be categorized by an excessive fear of social evaluation that typically develops in childhood or early adulthood (American Psychiatric Association, 2000). Scry et al. (2012) referred to SAD as one of the most common

psychiatric disorders with onset typically occurring in childhood or adolescence, leading to impaired educational and professional attainment and problems in interpersonal relationships. The American Psychiatric Association (2013) described SAD as

- a significant and persistent fear of social situations, which makes a person fear they will be judged negatively by others;
- a condition that provokes anxiety when the individual is exposed to apprehensive situations;
- a condition in which the individual recognizes that their fear is excessive;
- A condition in which the feared social situations are often avoided or endured with intense distress; and
- the avoidance of pain, which interferes significantly with the individual's life.

SAD is occasionally described as an extreme fear in one or more social settings (ADAA, n.d.).

The essential characteristic of SAD is social phobia, grave anxiety, or fear of being judged, destructively evaluated, or excluded in a social or performance situation. Individuals with SAD are often concerned with acting or appearing noticeably anxious (e.g., blushing, stumbling over words), or being perceived as stupid, awkward, or boring. Although individuals acknowledge that their fear is extreme and unreasonable, they frequently feel defenseless against their anxiety (WebMD, 2017). Therefore, they often evade social or performance situations, and when a situation cannot be circumvented, they experience immense anxiety and distress (Schry et al., 2012).

According to the ADAA (n.d.), SAD can be selective. Some individuals can experience deep anxiety about a particular situation, such as speaking to a person or making a phone call; however, they can be calm in other social situations or performing in front of an audience. Other individuals may become anxious in everyday life activities where they might be seen (e.g., conversing with a stranger or an authority figure, taking part in meetings or classes, or going to parties or dating). Some individuals can have a performance-focused form of SAD, which is a deep fear of presenting in front of an audience or at work or performing at a concert or sports event. However, these individuals might be comfortable in other social situations.

SAD can cause severe dysfunction in the lives of individuals who are diagnosed with it. For example, individuals could decline a job opportunity that requires everyday interaction with new people or avoid going out to eat with friends due to a fear that their hands will shake when eating or drinking. Symptoms may be so intense that they interrupt daily life and can interfere with daily duties, occupational performance, or social life, making it difficult to complete school, interview and get a job, and have friendships and romantic relationships (ADAA, n.d.). Many people with SAD also experience intense physical symptoms, such as a rapid heart rate, nausea, and sweating, and may experience panic or anxiety attacks when confronting a feared situation (ADAA, n.d.). Individuals with SAD have intense physical symptoms before or during social affairs.

### **Physical Effects of SAD**

Physical symptoms commonly experienced by socially anxious children include stomachaches, butterflies in the stomach, nausea, rapid heartbeat, shortness of breath,



dizziness, dry mouth, blushing, and headaches (ADAA, n.d.). The extreme fear of embarrassment and rejection can make it challenging for a person with SAD to engage in the functions of ordinary life, and may limit them in work, school, and relationships (Mental Health America, 2016). According to Epstein (2018), data indicated that individuals with SAD are at higher risk for developing other chronic health illnesses. Individuals may also have more serious warning signs and a greater risk of mortality when they become sick. Fear is a response to pressure that has both mental and physical characteristics. The emotion is believed to occur in the amygdala, the region of the brain that controls strong emotional reactions. As neurotransmitters transport the signal to the nervous system, the heart and breathing rates increase, muscles tense, and blood flow is redirected from the intestinal organs to the brain. Anxiety makes people cope with a crisis by placing the body on alert; however, the natural effects can be counterproductive (Martin et al., 2009).

Studies on the composition of anxiety-related disease are in the beginning stages, but there is increasing data of joint control concerning feelings and physical performance. However, anxiety is often unacknowledged as a cause of other conditions such as drug abuse or physical addiction, which can stem from efforts to suppress emotions of SAD. Individuals with SAD have unnecessary worry or distress that interferes with everyday life. Also, anxiety plays a role in somatic symptom disorder, which is characterized by physical signs such as aching, vomiting, weakness, or dizziness (Epstein, 2018).

## **Prevalence Rate of SAD**

According to the National Institute for Health Excellence and Care (2013), there is a lack of data on the prevalence of SAD, and the reported rates vary among studies. Much of the inconsistency may be related to differences in instruments used by professionals to determine the diagnosis. However, SAD is one of the most common of all anxiety disorders (National Institute of Mental Health, 2018), the most common mental health concern among children, and the most referred issue to mental health care providers (Miller et al., 2011). According to the ADAA (n.d.), although anxiety disorders can be treated, only 36.9% of those suffering receive treatment. The average age for the start of many mental health conditions is 18 to 24 years old, which is also the typical college age range (Tartakovsky, 2016). According to Pedrelli et al. (2015), social anxiety is the number one mental health diagnosis on college campuses, with more than half of college students seeking mental health help on college campuses reporting anxiety as an issue. Many college students exhibited symptoms related to SAD in early adolescence; however, many are not diagnosed or treated until college (Stewart & Mandrusiak, 2007). According to the National Institute of Mental Health (2018), 75% of all individuals with an anxiety disorder will experience warning signs before age 22. Elhadad et al. (2017) carried out a study with 380 students and found that as many as 59.5% screened positive for SAD. In the same study, Elhadad et al. identified connections between decreased academic achievement, weak exam performance, and avoidance of oral presentation. Kavanagh et al. (2017) discovered that when social anxiety arises, students experience loss of memory and see themselves negatively. College counselors are likely to treat SAD

with practical treatment methods without having a full understanding of the lived experiences of college students with SAD (Stewart & Mandrusiak, 2007).

### **Missed Symptoms**

According to Holly and Pina (2015), when children are young, shyness is viewed as an endearing quality; however, shyness is considered abnormal for a student in fifth grade or higher. Behavior considered developmentally appropriate for a 3-year-old seldom is regarded as fitting for an 11-year-old (Holly & Pina, 2015). Albano (2014) suggested that children under age 9 are more likely to mention they are experiencing physical symptoms than to explain that they are anxious or afraid. Often these early warning signs of SAD are overlooked (Holly & Pina, 2015). When adolescents or young adults experience these symptoms, parents may disregard them as growing pains or conclude that children are going through a phase; however, if left untreated, mental health disorders result in consequences that may affect the student over time (Nordqvist, 2018). Parents and educators should be mindful of the symptoms related to SAD (Albano, 2014). Social anxiety is difficult to recognize and may be accredited to bashfulness and seen as a character attribute and not a mental health issue (American Psychiatric Association, 2013).

For college students, social anxiety may not be as apparent (Topham & Russell, 2012). College students with SAD often do very well in one-on-one interactions; however, when asked to perform in front of a large group or public, their level of anxiety increases (Blanco et al., 2008). Additional warning signs manifest in students when their mood interferes with their ability to function at school when they find themselves unable

to get to class, when they do not want to interact with friends or teammates or when they have difficulty concentrating due to feeling distressed. These warning signs include feelings of sadness or despair, excessive anxiety or panic, isolation or withdrawal from regular daily activities, thoughts of self-harm or suicide, giving away possessions, changes in personal hygiene, and extreme use of alcohol or other drugs (Brown, 2016).

### **Risk Factors of SAD**

There appears to be no specific cause associated with SAD (Nordqvist, 2018). However, numerous risk factors can increase an individual's likelihood of developing social anxiety such as brain chemistry, personality, genetics, and environment (Topham & Russell, 2012; Whitmore, Kim-Spoon, & Ollendick, 2014). According to Mental Health America (2016), people who are naturally passive and reserved, and those who have experienced ordeal, such as child abuse or neglect are more likely to develop SAD. According to The American Psychiatric Association (2014), individuals with a first-degree blood relative who has SAD are two to six times more likely to develop social anxiety.

In most cases, it is not rare for an individual with social anxiety to avoid many social situations, which can consequently lead to low self-esteem and depression (Spence & Rapee, 2016). Those deciding to attend college, have many new experiences, including a new lifestyle, friends, roommates, and exposure to new cultures and alternate ways of thinking (Bhujade, 2017). Departure from home for the first time can be stressful, coming into a new environment with the absence of social support can lead to a dip in confidence (Hurley, 2018). Stress can be a trigger of psychological conditions, especially in the

situation of unpredictability and uncontrollability, which are inherent in the transition to college (Brown, 2016).

For a student with SAD, the transition can be overwhelming, which makes making new friends and joining groups difficult (CCMH, 2015). When students are unprepared for transitioning to college, the task of gaining independence and self-management across all domains can trigger a false belief that the transition is too hard (Butler, 2011). Thus, resulting in irrational beliefs and anxiety that make it hard for students to succeed on their own without receiving therapeutic services (Hurley, 2018). If students do not feel prepared to deal with the unique environment of a college campus, they can quickly become susceptible to anxiety (Blanco et al., 2008). Therefore, many students will need counseling or health services to help them deal with both new and existing challenges (ADAA, 2017).

According to Arlin Cuncic (2019), heritability is the proportion of variation in traits, characteristics, or physical features that are thought to be triggered by hereditary distinction among people. The residual variation is typically ascribed to environmental issues. Heritability usually estimates the proportionate influence of hereditary and environmental influences to a trait or feature. If an individual identifies with SAD, they possibly have exact genes that made them more predisposed to developing the disorder. If a person has a first degree relative with SAD, they might be 2 to 6 times more likely to be identified with the disorder.

## **Environmental Factors**

The psychosocial causes of SAD include aspects of the environment that effects children as they mature. If a parent has SAD, then the children are more likely to develop the disorder (Ogundele, 2018). An individual's rearing can have an impact on the likelihood that they will develop SAD. If they were not exposed to adequate social situations and were not allowed to develop good social skills as a child, they are more likely to develop the disorder. If one or both parents were rejecting, controlling, critical, or overprotective, kids do not form a healthy attachment to their primary caregiver. They are at a higher risk of developing SAD because they cannot quiet and calm themselves when in stressful circumstances (Cuncic, 2019).

Societal issues that can affect the growth of social anxiety encompass growing up in a culture with a vigorous collectivistic orientation, such as Japan or Korea. The overuse of social media and technology is a coping mechanism for SAD (Cuncic, 2019). Also, the excessive use of social media and technology can impair social interaction and increases a sense of isolation for an individual with SAD. Too much social media fosters competition between one's real and virtual lives (Lee-Won, Herzog, & Park, 2015). Social media allows students with SAD to live a double life, which impedes their ability to interact with individuals face to face (Hurley, 2018). Young adults with a social anxiety disorder are also at an elevated risk for developing major depressive disorder and alcohol during their transition in college. They do not have the guidance of their parents to assist them in problem-solving and often find it challenging to matriculate through college (Jackson, 2015).

## **Parenting Style**

According to Jackson (2015), students have a more difficult time dealing with stress than previous generations due to helicopter parents. Students with social anxiety often experience symptoms of worry and cannot self-soothe (Goldin, Ziv, Jazaieri, Hahn, & Heimberg, 2013). Hunley (2017), stated helicopter parenting behavior could be problematic as young adults move on to college. College is assumed to be a time when young adults learn to develop a sense of autonomy or independence. College students whose parents are excessively involved in their academic careers, or parents who create rigidly structured childhood environments, are most likely to experience anxiety and depression. They may also experience academic difficulties while in college (Young, 2017). Research shows that college students figuring things out for themselves is a critical element to their mental health. Young adults must be there for themselves (Lythcott-Haims, 2015).

## **SAD and Comorbid Disorders**

### **Depression and Bipolar**

Social anxiety disorders often co-occur with other mental health conditions, such as depression and bipolar disorder. Anxiety disorders are a common mental health condition associated with bipolar disorder. Many individuals with bipolar disorder will experience at least one anxiety disorder during their lifetime (Cuncic, 2019). Both disorders are treatable. However, there are long-term conditions that can be difficult to live with sometimes. Some of the signs of bipolar disorder can be associated with anxiety. For that reason, it is not always easy to separate an anxiety disorder diagnosis

from a bipolar disorder diagnosis. However, Timothy Leggs and Erica Cirino (2017), suggest that the following symptoms are indicative of an anxiety disorder co-occurring with bipolar disorder:

- panic attacks, severe anxiety, worry, or nervousness
- avoiding activities that cause stress while displaying mania, hypomania, or depression
- having difficulties sleeping because of anxiety
- showing ongoing anxiety even when they are not in a manic or hypomanic state
- not showing a response to an initial treatment
- having an increased sensitivity to the side effects of medication
- taking a longer than average time to find the correct medication dosing and combination for their bipolar disorder

Both conditions can decrease a person's quality of life and effectiveness. Individuals with both conditions have a likely chance of substance abuse, suicidal thoughts, and behaviors, and manic episodes triggered by sleeplessness that is a sign of the anxiety disorder (Cirino, 2017).

The symptoms of social anxiety and depression are disabling in their unique ways. When the two disorders occur together as they frequently do, life's complications multiply, and treatment requirements become more complex (Brown, 2016). In comparison, people with social anxiety are six times more likely to develop a mood disorder. Individuals diagnosed with depression have co-occurring anxiety disorders in



nearly 60% of all cases, with social anxiety disorder being the most commonly diagnosed condition. In one study on social anxiety disorder people receiving outpatient care, 53 % experienced at least one occurrence of depression. Among individuals diagnosed with both major depression and anxiety disorder, only 13.7% of individuals experienced the symptoms of depression first, giving strength to the claim that depression is one possible outcome of prolonged, untreated anxiety (Newmen, 2018).

Social anxiety disorder remains undiagnosed in primary care practice, with patients only presenting for treatment after the onset of problems such as major depression or substance abuse disorder (Miller, Gold, Laye-Gindhu, Martinez, Yu, & Waechter, 2011). Social anxiety may also serve as an underlining contributor to many types of mental health disorders such as bipolar and depression, where cognitive thinking can be challenging and have a significant impact on social situations (Kernes, 2018). Individuals with co-morbid disorders have noticeable impairments or differences. SAD can increase self-consciousness in individuals to the extent that considerable anxiety is provoked (Anxiety and Depression Association of America, n.d). Depression typically is recognized as the contributing issue, which can result in SAD being dominated and undertreated amongst individuals with this comorbidity (American Psychiatric Association, 2014).

### **Childhood Disorders**

Social anxiety disorders often mimic or are comorbid with other childhood disorders (Rhoads & Donnelly, n.d). Signs such as school refusal, tantrums, or irritability may be less reflective of oppositional behavior than an underlying social anxiety disorder

(Burstein, He, Kattan, Albano, Avenevoli, & Merikangas, 2011). In children and adolescents, prevalence is often cited as 1%, with the stipulation that it is generally under-diagnosed in childhood and adolescence (Burstein et al., 2011). Reasons for this include significant failure of both parents and school personnel to recognize the disorder, partially because they may not recognize it as anything other than “shyness” (Burstein et al., 2011).

Frequently selective mutism co-exists with a social anxiety disorder. Individuals with this anxiety disorder can verbally speak, but they do not communicate in some circumstances or to specific individuals. This condition is typically first observed when a child starts school, including preschool, and children with the disorder do not potentially get better as they get older. Without treatment, selective mutism affects school and friendships. It causes increased stress and distress within the family, which can lead to chronic depression, further anxiety, limited progress in school, and other social and emotional issues (Anxiety and Depression Association of America, n.d).

### **Substance Use Disorder**

According to Brown (2016), it is normal for students to feel blue on occasion. College students often feel stressed during their college careers, especially during midterms and finals (Kernes, 2018). Anxiety is frequently the result of long-term, persistent stress (Leonard, 2018). Those diagnosed with SAD may turn to unhealthy coping mechanisms, leading to issues like drug abuse and addiction or eating disorders (Anxiety and Depression Association of America, n.d). Also, an unstable concept of self-identity and lack of confidence can cause college students to make poor choices

concerning drinking and drugs (Blanco et al., 2008). According to the National Center on Addiction and Substance Abuse (2018), substance abuse at America's Colleges and Universities have increased, 45% of college students binge drink and nearly 21% abuse prescription or illegal drugs affecting the best and brightest of our young adults (National Center on Addiction and Substance Abuse, 2018).

Individuals with social anxiety disorder are at a high risk of addiction to many substances, which include alcohol, nicotine, and other drugs. Individuals that have depression, along with anxiety disorder, increase their risk of substance abuse. Often, individuals with anxiety use alcohol and other substances to relieve their symptoms. However, there is no evidence that alcohol relieves anxiety, but the belief is that it does bring some relief. Some individuals state they experience brief relief from anxiety while under the influence of alcohol or other drugs. Therefore, long-term alcohol use can cause biological changes that may produce anxiety (Spriggs, 2016). Also, research shows that young adults with untreated anxiety disorders are at higher risk to perform poorly in school, to have less advanced social skills, and to be more vulnerable to substance abuse (Brown, 2016).

According to Pedrelli, Nyer, Yeung, Zulauf, & Wilens (2015), in addition to stress-related to academic load, students may have to face the job of taking on more adult-like responsibilities without having yet mastered the skills and cognitive maturity of adulthood. As a result, several college students experience the first onset of mental health and substance use problems or an exacerbation of their symptoms. Also, people diagnosed with SAD are likely to avoid essential activities, including school and work,

and if they attend, they will not participate. This withdrawal results in lower achievements in vital parts of their daily lives that end in decreased occupational, academic, and family function (Brook & Schmidt, 2008). Therefore, it is vital for individuals with SAD to get help as soon as possible (Anxiety and Depression Association of America, n.d).

### **Treatment Services for SAD**

#### **Cognitive Behavioral Therapy**

The majority of individuals who seek treatment for social anxiety disorder see substantial progress in their quality of life. A clinical professional can offer an individualized treatment plan for SAD. Early diagnosis and treatment offer the greatest hope for averting the start of other related disorders. A diverse array of treatment options is scientifically validated to be effective. One of the psychological-based treatments is cognitive-behavioral therapy (CBT), a mental health method based firmly on research findings. CBT is a short-term treatment that actively involves individuals changing how they perceive situations and events in their lives. Also, CBT helps individuals develop skills to manage anxiety better. No one treatment works best; one individual may respond better, or sooner, to a method than another individual with the same diagnosis. It may take a while to find the best treatment, and a person's response to treatment may change over time (Anxiety and Depression Association of America, n.d).

One of the most general methods used to reduce and eliminate social anxiety is cognitive-behavioral therapy (CBT) (Smith, Segal, & Segal, 2018), which employs the idea that various recurring thought patterns and behaviors are linked to physical and

emotional indicators of social anxiety. The therapy is used to identify, analyze, and change thought patterns and responses to decrease overall anxiety (Soler & Weatherall, 2005). It is also used to treat many individuals with anxiety and depression and is more useful than any other mental health techniques (Compton et al., 2004). Cognitive Behavioral Therapy focuses on the idea that thoughts affect behavior, and behavior affects thoughts; therefore, the re-programming of both is expected to modify the situation (Gayatrivedi & Vincent, 2016). According to the Anxiety and Depression Association of America (n.d), a person with SAD will learn to recognize and change negative thought patterns and behaviours with positive ones. They will also learn to isolate realistic from unrealistic thoughts and will receive homework to practice what they learned in their therapy sessions. CBT teaches different ways of believing, acting, and responding to circumstances that help an individual feel less anxious and fearful. It can also help someone with SAD learn and practice social skills. CBT conducted in a group can be especially helpful. These are techniques that individuals can use immediately and for years to come.

### **Exposure Therapy**

According to Mental Health America (2016), exposure therapy (ET) is a valid form of treatment in social anxiety disorder, which focuses on directly facing a fear or phobia. ET encompasses learning coping skills and slowly increases the intensity of things that cause discomfort and anxiety (MHA, 2016). Coping skills that work with SAD can include calling a friend, talking to a stranger, applying for a job, or public

speaking (Albano, 2014). Exposure therapy's success rate with SAD is useful, and over time, a person learns they can handle fear-inducing situations.

Exposure therapy can take place either through imagining or experiencing a specific performance or social situation in real life. If a person has an extremely severe social anxiety disorder, their therapist might begin with imagined exposure and eventually progress to real-life exposures. The underlying belief of exposure therapy is that through practice and experience, a person will become more comfortable in situations that they would otherwise avoid. Ideally, one will need to gradually introduce themselves to increasingly more difficult situations and stay in those situations until their fear subsides. Exposure training can be done in real-life or imagination (Cuncic, 2018).

### **Medication**

Treating SAD with medication alone is less effective psychotherapy but can be useful when applied in combination with therapy. There are three kinds of treatments utilized to improve treat social anxiety disorder, Anti-anxiety medications, Antidepressants, and Beta-blockers (MHA, 2016). Selective serotonin reuptake inhibitors (SSRIs) and one serotonin and norepinephrine reuptake inhibitor (SNRI) are considered the best medication options for the generalized form of social anxiety disorder (Jorstad-Stein et al., 2009).

According to the National Institutes of Mental Health (n.d.), anti-anxiety drugs are potent and begin to take effect immediately to lessen uneasy feelings; however, these pills are typically not taken for extended periods of time. Individuals can develop a tolerance if the drug is taken over an extended period and could result in higher and

higher quantities to get the desired effect. Some individuals might even develop reliance on them. To elevate these complications, physicians typically propose anti-anxiety treatments for brief intervals (Leonard, 2018).

Antidepressants drugs are primarily utilized to treat depression however, they are also beneficial in reducing the signs of social anxiety disorder. In contrast to anti-anxiety drugs, the medication might take several weeks to take effect. Also, Antidepressants might have side effects, such as headaches, nausea, or difficulty sleeping. Beta-blockers are drugs that can prevent a few of the physical signs of anxiety on the body, such as an elevated heart rate, sweating, or tremors. Beta-blockers are usually the drugs of choice for the “performance anxiety” kind of social anxiety. Other treatments for SAD can include medication and support groups (Nordqvist, 2018).

### **Support Groups**

Several individuals with social anxiety find support groups beneficial. Because social phobia can lead to loneliness, finding support groups with others who are dealing with similar issues can be an essential part of recovery. In-person, support groups, and online communities can be a great source to connect and learn (Mental Health America, 2016). In support groups, individuals that have social anxiety disorder can obtain fair, sincere advice concerning how other participants in the group perceive themselves. This way, they can understand that their views concerning judgment and rejection are not correct or true. They can also understand how other individuals with social anxiety disorder deal with and overcome their anxieties of social settings. In support groups, the

topic of social anxiety is explored and brought to the forefront, like other mental health issues that affect college students' social and learning environments (Roy, 2018).

### **Responsive Services on College Campuses**

According to the Center for Collegiate Mental Health (2017), research has identified two alarming national trends on college campuses nationwide (p. 3). First, the demand for college counseling centers grows over 30%. Second, the growing demands for students seeking treatment for SAD. Research shows an increasing need for mental health services on college campuses, though, many college health centers are struggling to accommodate the increase of students seeking services (Novotney, 2014).

According to the guide to Campus Mental Health Action Planning (2011), college counseling centers should strengthen students' existing resources to responsive services and overall health and well-being. Academic advisors must be trained to refer students to the counseling center; hence, providing them with the best support they can during their time of transition. Students should be made mindful of the signs and symptoms of an anxiety disorder and accessible treatment options. Student mental health services are the responsibility of the entire campus community, not just the counseling center staff. It takes a collaborative effort to devise a comprehensive response plan to address students' mental health issues (ADAA, 2017).

### **Barriers to Service**

According to the Anxiety Disorder Association of America (2017), national universities reported a higher rate of students in quest of treatment for anxiety disorders (35%) than liberal arts colleges (23%). For college students, shame remains the most



substantial obstacle to seek treatment. Individuals with SAD often experience feelings of guilt; therefore, many students want help but fear to expose their perceived inadequacies (Topham & Russell, 2012). Cognitively, social anxiety frequently involves feelings of being judged or being viewed negatively by others or being humiliated in public (Brown, 2016). College students cited humiliation as the number one reason they would not seek help (Hurley, 2018). Only 23% of students would be content with a friend knowing they were receiving mental health services for emotional and psychological issues (Tartakovsky, 2016). Thus, according to Tartakovsky (2016), students might not pursue help because of fears over privacy and finances and the anxiety of accepting that they are struggling with not being able to lead a productive life. Such worries can cause students to keep their emotional and psychological troubles to themselves, reinforcing the stigma and making life more challenging (Hunt & Eisenberg, 2010).

Unfortunately, the high demand for mental health care on college campuses is not being met with adequate services (Hunt & Eisenberg, 2010). As Smith et al. (2007) specified, college counseling centers are continually being tasked to “do more with less” (p. 64). With roughly 13% of colleges offering full-time, in-house mental health services, students can often wait several weeks for an initial appointment with a therapist (Bhujade, 2017). Kernes (2018), stated that schools across America are struggling to keep up with the growing demands for mental health. In Florida, 10 out of the state’s 12 schools meet the recommendation of having at least one therapist per 1,000 students (Huffman, 2015). However, Florida is not an anomaly; it is the norm and reveals a

significant lack of access that keeps college students from quality mental health services across America (Hunt & Eisenberg, 2010).

According to Yorgason, Linville, & Zitzman (2008), as young adults and parents begin to recognize the need and demand for mental health services, universities and colleges must offer services to remain competitive. Recent statistics indicate that students also take into consideration the types of mental health services available when choosing a college to attend (Hunt & Eisenberg, 2010). Approximately 28% of parents are also thinking about mental health services on campus; when researching schools for their children to attend (Huffman, 2015). For high school students in therapy, the transition to college can be particularly complicated because it often means losing access to their therapist (Yorgason, Linville, & Zitzman, 2008). For this reason, ADAA (2017), strongly urges colleges and universities to add information to the agenda of their orientation sessions to assist students in feeling less ashamed or afraid to seek care from the campus counseling center when feeling stressed or showing symptoms of an anxiety disorder.

### **Consequences of SAD for College Students**

According to Davison et al. (1993), people with SAD experience intense anxiety in social situations, leading to avoidance and dysfunction in diverse areas of life, such as interpersonal relationships and occupational and academic performance. College students with SAD often experience failing grades, limited social interaction with peers, and a lack of appropriate assertiveness (Whitmore, Kim-Spoon, & Ollendick 2014). According to Stewart and Mandrusiak (2007), the dropout rate of students with SAD leaving school prematurely due to anxiety is 49%. The American College Health Association (2015),

found that the percent of students stating that anxiety affected their academic performance, including such consequences as receiving lower grades on exams or essential projects, receiving an incomplete, or dropping a course, spiked from 18.2% on its 2008 survey to 21.9%.

Meanwhile, 13.8% reported that in the last 12 months, depression affected their academic performance, up from 11.2% in 2008. According to Brown (2016), the rise in anxiety among college students has increased due to society's intolerance of ambiguity and the unknown. In part, due to the incredible technological advances, we have seen.

Social anxiety disorder can hurt college life, such as academic performance and persistence. Students with SAD reported fear of communication with others and were at risk of leaving school (Van Ameringen et al., 2003). According to Van Ameringen et al. (2003), students with social phobias are most likely to leave school early. Students with social anxiety disorder often have academic challenges. Mostly, students with social anxiety want to be in school and graduate. Also, they want to have some friends and dates. They might even want to join in activities that have a performance facet, such as drama, athletics, or choir. However, anxiety stops them from doing so, and because they are often quiet and reserved, they may go unnoticed by teachers or believe they are not serious about their education. Socially nervous students miss out on education possibilities by preventing contact, physically or psychologically. Devotion to scholarly information may be disturbed by an extreme emphasis on their apprehensions (Clark & Wells, 1995). Strahan (2003) stated that organizations differ in their anxiety-triggering

pressures they place on students, therefore, in the possibility of fears to affect educational accomplishments.

### **Students' Motivation to Change**

Uncertainty about change is common among individuals who have decided to seek mental health treatment. In fact, up to two-thirds of individuals entering treatment for mental health issues can be identified as being in either the pre-contemplation (not yet actively considering a change) or the contemplation (considering change but conflicted) stage of evolution. That is, they are significantly uncertain or undecided about change and therefore are unlikely to use action-oriented strategies (O'Hare, 1996).

Regardless of high levels of distress and impairment, people with SAD often do not pursue available treatment options or may struggle to engage if in treatment. Therefore, counselors must know how to increase individuals' motivation for change and willingness to pursue treatment. Motivational Enhancement Therapy may offer counselors a method to increase treatment utilization for those with SAD (Rollnick, Miller, & Butler, 2008) as it combines education about social anxiety with interview techniques designed to increase motivation to change (Westra, 2012). Research has shown that brief therapy specifically designed to increase motivation may help people seek treatment for social anxiety.

### **Significance of the Study to Counseling**

The purpose of this phenomenological research study is to achieve an understanding of the lived experience of college students with social anxiety disorder and their access to responsive services. There is a significant need to study and understand the

daily lives of college students with social anxiety experience. For some young adults, “regular” everyday anxiety can intensify and advance into a mental health disorder defined by the American Psychiatric Association (2000). By addressing common anxiety and stress in college students through preventive health strategies, they can learn real-world strategies to decrease and control their symptoms, to fight their anxiety before it progresses into a further devastating mental health disorder. The findings from this study can inform counseling practice and education by training counselors and school faculty with necessary information on social anxiety disorder among college students and how counselors can advocate for the needs of SAD students.

Counselor educators are encouraged to give back to society by offering a portion of their professional experience to services for which there is little or no financial return (ACA, 2014). When appropriate, counselors advocate for individuals, groups, institutions, and societal levels to examine potential barriers and obstacles that inhibit access and the growth and development of society (ACA, 2014, A.7.a.). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards stated (2016), counselor education programs must cover in their curriculum the role and process of the professional counselor advocating on behalf of the profession. Counseling students must understand which advocacy processes are needed to address institutional and social barriers that impede access, equity, and success for clients (CACREP, 2016), and receive increased training about the value lived experience brings to social purpose work for extended benefit across the sector (Sandhu, 2017).

Highlighting lived experiences can provide the research data to help the counseling profession advocate for individuals with social anxiety disorder and inform educational institutions of the services they can provide to improve services for the population (Arthur, Collins, McMahon, & Marshall, 2009). With early intervention for anxiety management, evidence suggests that the problems associated with anxiety can be decreased. Treatment gains from early intervention have long-lasting effects, thus reducing the time an individual is affected (Ferdinand, Barrett, & Dadds, 2004). According to the National Alliance on Mental Illness (2012), students most often turn to their college's website as their primary source of information in regards to mental health issues. More than 40% of college students found their colleges' websites to be only "somewhat helpful" (NAMI, 2012). Students feel more information is needed on sites concerning mental health issues and the services and supports available on and off campus (Roy, 2018), which speaks to the need for counselors to advocate for the development of universities counseling center websites to include comprehensive, updated mental health information (Ratts, Singh, Butler, Nassar-McMillan, & Rafferty McCullough, 2016).

Knowing the lived experiences of college students with SAD can help professional counselors improve colleges' and universities' responsive services (Miller et al., 2011). In addition to developing and enhancing professional skills and abilities, meaningful research and resources can increase the quality of life for students with SAD. Improved school responsiveness can create change that provides more comprehensive benefits to the university community and enhance the ability of organizations to bring

policy issues to life by illustrating the struggles SAD students face. Such awareness will help counseling professionals address real-life and practical challenges in implementing policies and strategies efficiently and effectively. Allowing organizations to design and develop high-quality, efficient, and relevant systems, projects, interventions, services, and initiatives. Adds value to functions, activity planning, development, delivery, and improvement (Sandhu, 2017). Social change advocacy can help all employees to develop their skills and knowledge beyond theoretical and academic learning. For students with SAD, accessing appropriate accommodations can make a difference in academic achievement and earning a degree or just being able to develop coping skills, which will benefit them in dealing with real-life issues (Roy, 2018).

Various research has proven that social phobia is most likely to develop in the teenage years, though it can start earlier or later. The therapist has reported that many people suffer quietly for years, looking for help only when their fears have precipitated a major life crisis (Grohol, 2017). Anxiety disorders tend to become chronic and interfere with how individuals function daily; and, as a result, become distressed and uncomfortable and start avoiding activities or people. Social anxiety disorder is a growing trend on several college campuses nationwide. Students with social anxiety disorder will face more challenges in college (Brown, 2016). However, with proper diagnosis, treatment, and coping strategies, their chances of having a fulfilling experience are very high, which is why it is crucial for counseling centers on college campuses to provide adequate responsive services for SAD (Anxiety and Depression Association of America, 2016).

### Chapter 3-Research Method

Chapter 3 presents the research methods design and rationale and the role of the researcher. A discussion of the selection of participants and instrumentation, along with research procedures and an explanation of the purpose of phenomenological research, is included. The goal of this hermeneutic phenomenological study was to explore the lived experiences of college students diagnosed with SAD while accessing support services. The lived experience denotes the way researchers can interpret the insight of people in the world in which they exist (Kafle, 2011). This study was grounded in the recent research and data related to access to support services for college students with SAD.

#### **Theoretical Framework**

Phenomenology is a philosophy with epistemological and ontological branches that influence data development (Mackey, 2004). The goal is to look at each participant's understanding of personification, as being situated and relational, or as being-to-the-world. Phenomenology is a method researcher use to study the "uniqueness of each human being while trying to understand the lived structures of meanings" (van Manen 1990, p. 4). A phenomenological approach was chosen for the current study to explore essential truths about the phenomenon of SAD, which was grounded in the lived experiences of the college students (see Polit & Hungler, 1997). Heidegger's hermeneutic philosophy was used to ground this study.

Heidegger's phenomenology offers methodological direction for qualitative researchers looking to explain the lived experience of participants. Heidegger was a student of Husserl and later his assistant at Freiburg University. Heidegger was regarded



as succeeding the intellectual pillar in the phenomenological movement following Husserl (Dowling, 2011; Healy, 2011). Heidegger (1927) confronted Husserlian phenomenological ideas, arguing that they were mostly descriptive, and promoted the critical structures of consciousness. Heidegger promoted his ideals of phenomenology as one of interpretation of experience and explication of the meaning of being (Cerbone, 2009; Dreyfus & Wrathall, 2007; Healy, 2011; McConnell-Henry et al., 2009; Moran, 2000). Heidegger excluded the idea of the human being/subject as an observer of objects and argued that both subject and object were attached. For Heidegger, being was the descriptions “Dasein” (human’s existence) provided of their ordinary existence (Heidegger, 2011). Heidegger (2011) asked from a philosophical perspective “what does it mean to be?”

Heidegger’s ideals of phenomenological description, discourse, language, interpretation, and understanding have led the way in the expansion of hermeneutic phenomenology, which encompasses both the hermeneutic art and science of interpretation of the written text (Ezzy, 2002; Gadamer, 1975; Ricoeur, 1976). Heidegger’s (2011) belief of being intel reconstructing the question of being by testing the concept of dualism, this belief had been a challenge for earlier philosophers. For Heidegger, Dasein is always already mixed into the preexisting world of individuals, objects, language, and culture, which cannot be meaningfully detached. Also, Dasein suggests a degree of reflexive awareness (Heidegger, 1962). Reflexivity plays a role in the researcher’s efforts to keep a check on their presumptions. “The challenge for the researcher is to remain focused on the phenomenon being studied while both reining in

and reflexively interrogating their understandings” (Finlay, 2008, p. 29), which brings the researcher to the forefront of their understanding of their stance in terms of personal values, beliefs, motivations, culture, ethnicity, and more (Clancy, 2013).

People’s lives is formed through their real-life experiences, which are lived in the context of our fleshly bodies located in a given space and within a time-based landscape in the social limits of the past, present, and future (Van Manen, 1990). These experiences and interactions are essential to the embodied values and purpose designed for life. When examining the phenomenon of social anxiety, I looked at four existential shapes in which perspectives of the whole meaning of the phenomenon are individuals’ lived experiences. For phenomenological questioning, reflecting, and writing, there are four existential lived experiences categorized as the body, space, time, and human relation (Van Manen, 1990).

For the current study, the theoretical framework shaped by Heidegger’s philosophical tenets echoed an epistemological stance of inductive generating theory. This argument offered a means to inductively reveal the meaning participants ascribed to their lived experiences of being a college student with SAD and the services provided with their emic perspective contributing to theory generation (see Wrathall, 2011). That reflects the viewpoint from a phenomenological perspective; the theory is not the starting point in research (Wrathall, 2011). Heidegger advocated for the principles of phenomenology as one of interpretation of knowledge and explication of the meaning of being (Healy, 2011). Heidegger rejected the idea of the human being/subject as a spectator of objects, arguing that both subject and object are attached. Supported by Heidegger’s interpretive viewpoint, I used a qualitative hermeneutic interpretive

phenomenological approach to facilitate the exploration of the views and experiences of college students with SAD from their emic perspective. From this vantage point, the emphasis was placed on the concept of being and the nature of human existence (Heidegger, 2011). That reflected Heidegger's (2011) philosophical stance that human beings are part of the world in which they exist and, in essence, cannot be separated from that world. Heideggerian philosophies informed the development of this theoretical framework, which included lived experiences, everyday normality, Dasein, being in the world, being with, encounters with entities, temporality, and the participants' care structure.

### **Design and Rationale**

The goal of PA is to study personal experiences. In PA, researchers move from the descriptive commitments toward a more interpretive and worldly position with a focus on understanding the perspectival directedness of their involvement in the lived world, something which is personal to each person. In PA research, the attempt is to understand other individuals' relationships in the world, which is interpretive and focused on the attempt to make meaning out of their activities and things happening to them. PA is also an idiographic approach, meaning that its purpose is to show how people in given contexts make meaning of certain phenomena. PA is theoretically grounded in hermeneutics, and its primary concepts stem from Husserl, Heidegger, Sartre, and Merleau-Ponty (J. A. Smith et al., 2009). The theoretical underpinning of PA comes from hermeneutics, which is the theory of interpretation. Heidegger's philosophy was used to ground the current study in theory to interpret the lived experiences of students with

SAD. PA is different from other phenomenological methods because of its use of idiographic approaches in combination with psychology and interpretation. In PA, researchers identify their preconceptions about the data and attempt to suspend them so that they can focus on understanding the lived world of participants. As researchers analyze the data, they move back and forth between the transcribed experiences of participants and their interpretation of what these experiences mean. Researchers also try to understand their participants' understanding of their own experiences, making this a double hermeneutic approach. PA is suited best for researchers who aim to understand experiences and how people with those experiences make sense of them.

I used PA to explore and understand the experience of living with SAD. PA allowed me to obtain detailed descriptions and personal meanings of lived experiences related to college students with SAD while accessing support services. Phenomenology defines how a person understands life. A phenomenological approach allows the researcher to investigate truths about the phenomenon grounded in the lived experiences of participants. J. A. Smith and Osborn (2015) stated that PA is a qualitative approach that is used to provide detailed examinations of personal lived experience. PA produces an account of the lived experience in its terms rather than one prescribed by preexisting theoretical presumptions, and PA recognizes that this is an interpretative endeavor because humans are sense-making organisms. PA is idiographic in its commitment to examining the full experience of each case in turn before the move to more general claims.

The primary goal of PA is to investigate how people make sense of their experiences. Individuals are as self-interpreting beings (Taylor, 1985), which means they are engaged in interpreting the events, objects, and people in their lives. To examine this process, researchers draw on the essential philosophies of phenomenology and hermeneutics. The main emphasis of the current study was to discover the lived experiences of college students living with SAD; consequently, each contributor was a superficial being performing in the world in which they live and discovering the world's place in time and structure (Sadala & Ardon, 2002).

The basis of Heidegger's hermeneutic philosophy is the interpretive approach to social reality and the account of the lived experiences of human beings. To address the current issues of students with SAD, it seems imperative that college counselors and staff working with this population understand students' lived experiences through PA and the examination of written accounts. This research addressed the personal experiences of individuals who have faced challenges associated with SAD. PA was used to explore how students are making sense of their personal and social world, and the meaningful experiences, events, and states for students. The views and perspectives of students diagnosed with SAD may contribute information about the needs of the population on college campuses.

### **Research Question**

The following research question guided the study: How do college students with SAD experience access to support services on college campuses? PA was used to guide the data analysis required for this study. Using PA allowed me to focus on how college

students made sense of SAD in each context. PA was used to analyze data from the interviews to develop detailed descriptions of human experiences and emphasize the importance of individual accounts. The goal of using PA was to understand the content and complexity of meanings in participants' experiences. Participants were college students who were seeking treatment through the campus counseling center for SAD. A sample of convenience was used, and the study was advertised through the counseling center. Ten students were interviewed until saturation was obtained to answer the research question. Semi structured interviews were used to collect data. I conducted semi structured interviews and follow-up interviews to fill in missing or misunderstood information.

### **Researcher Role**

The goal was to explore the experiences of college students living with SAD; therefore, each contributor's body was a superficial being performing in the world in which they live and learning the world's place in time and structure (see Sadala & Ardon, 2002). A phenomenological approach was employed, which allowed me to investigate truths about the occurrence of SAD grounded in the lived experiences of college students (see Polit & Hungler, 1997).

The study was conducted at a university where I was previously employed. Due to my previous employment with the university, I ensured that participants were not former students or clients. After the initial interview, I conducted follow-up interviews. Post interview procedures ensured clarity and comprehensive understanding of the data, while

closing any gaps in the data with follow-up questions that needed to be asked (see Polit & Beck, 2008).

### **Participants**

The sample size was based on themes or repeated patterns of importance (ideas, thoughts, and feelings) during developing the data collection (see van Manen, 1990). Six or more participants were considered an adequate sample size to permit detailed descriptions and repeated patterns of importance (see Morse, 2000). Male and female students were selected from the university counseling center. Participants knew the possible benefits and risks of being involved in this study and were asked to provide written approval for participating. Transcripts of the interviews was analyzed through systematic, qualitative analysis. Participants' demographic information was recorded (sex, age, and race). Confidentiality was protected by giving each participant a unique identifying code (e.g., S1, S2, S3). The codes was used for the analysis of the data, and the only person who could identify the participants and their related codes was me. Compiled themes and transcripts were converted into a narrative in which my analytic interpretation was presented in detail and supported with responses from participants.

### **Instrumentation**

Semi structured interviews were used to collect data. In phenomenological research, extended interviews are conducted, which consist of open-ended questions. Follow-up interviews were conducted to address any gaps in the data, such as misunderstandings, omitted data, and vague information after the initial interview. Field notes were used to help with accurately recording data.

## Procedures

This study was designed to explore the SAD phenomenon as lived experienced. The purpose was to reveal the lived experience of college students with SAD, so an exploration of how college students experience SAD was the focus. The purpose of PA is to explore how participants make sense of their individual and social world, and the main purpose of an IPA study is to explore the meaning of experiences, events, and states of participants.

This research study was submitted to the Institutional Review Board (IRB) and receive approval through Walden University IRB (IRB Approval number: 05-19-20-0239928). Participants were college students from a college or university who were seeking treatment through the campus counseling center for SAD. A sample of convenience was used, and the study was advertised through the counseling center. Also, a snowball sample was used to ask participants to recruit other students to participate in the research project. All contributors signed an informed consent form before engaging in the interview. Semi-structured interviewing was used to collect the data. Participants were emailed the interview questions ahead of time via Google Docs, where they were asked to respond to the questions and responses were automatically recorded and returned to the researcher. The use of Google Docs assured accuracy and allowed the researcher to have a written transcript of participants responses, which provided the researcher with the most credible data to analyze. Interpretive phenomenology studies vary in the number of participants; however, it is not uncommon to limit the sample to a small amount to ensure



that each case is interpreted richly (Smith & Osborn, 2015). Interviews were conducted until saturation.

### **Data Collection**

Interview protocol for the lived experiences of college students with SAD included data from the university's counselors center clients that were diagnosed with SAD. A semi-structured interview was used for the initial individual interviews to allow for the required disciplined naturalness aspect of phenomenological inquiry. Due to the Covid-19 restrictions data was collected by google docs to send, record, and store participants responses. Follow-up individual interviews was conducted to fill in any gaps in the data. Gaps consisted of either omitted data or information that is left implicit or incomplete. This technique of data collection initially allowed the lived sense of these situations to operate naturally, and only later were they assessed more specifically. Data was collected and analyzed until saturation occurs. Each participant was educated on the potential benefits and risks of contributing to this study and offers written approval for participating. Confidentiality was concealed by giving each participant a code (P1, P2, & P3). These codes were used in the study of data, and the only person who knows the contributors' identities and their unique codes is the researcher.

### **Data Analysis**

A general qualitative data analysis was used to guide the data collection required for this study. Using a general qualitative data analysis allowed the researcher to focus more on how individual college students make sense of SAD in each context. The goal of this research project was to focus on the uniqueness of the individual to develop rich

descriptions of human experiences and emphasizes the importance of individual accounts. In an effort to try to understand the individual content and complexity of meaning in participants' experiences. General steps for phenomenological data analysis are provided below.

1. After receiving all the participants narrative responses, the first step was to read each participant's response to understand the whole account of the experiences.
2. I identified gaps in information and put together questions for participants to answer and fill in those gaps.

Follow-up Question: Please explain in detail what was your past like before seeking counseling and how has counseling change your life?

Participant 1 response: I felt like I wasn't able to stop and just worry about myself and my goals, but I had the be rushed to maturity in case something terrible happened. My mother often told me that I was a friendly, outgoing child growing up, but I soon realized that I had a lot of pent up anxiety and dealt with a deep depression that I had only just discovered through another traumatic experience with our next-door neighbors... it helps me come to terms with the past and move on.

3. Next, I created preliminary meaning units, from the components in the transcript.

A meaning unit is defined as...

Meaning Unit 1: Counseling Provided focus:

Quote 1: My counselor taught me grounding skills that helped me make my first changes, and have talked me through a lot of my trauma.

Quote 2: Yes, it's really made me see life as a learning process and learning how to make things more positive. it's also helped me accept things about myself, for instance, that it is okay to cry and let out everything that I feel.

Quote 3: A lot, yes. Being able to cope and gain some control over my panic attacks has let me function much better.

Meaning Unit 2: Struggled academically due to SAD:

Quote 1: Yes. My counselor helping me work through my own personal struggles has helped me be able to sort out time and energy to focus on my schoolwork that otherwise may have been spent focused on anxious procrastination.

Quote 2: Yes. This was mostly freshman year. I was really struggling to do my homework and focus. I talked with my therapist and she helped me find ways to focus more. I started trying to take shorter but more frequent classes and she also helped me get find motivation in terms of really having me think about what happens if I don't do my work and lose my scholarship.

Quote 3: Absolutely. Lot easier to work on homework when you're not hiding in a closet.

4. Created Themes based off the meaning units and quotes.

Theme 1: Positive Experience with Counseling Services

Theme 2: Counseling Experience Helped Improve Academics

5. Combined themes into general narrative.

Example: Participants experienced a negative view of others in the world around them due to their negative experiences with people. While some people thought

they were shy and ignored them, others thought they had problems and treated them with disdain. Their being-in-the-world was a state of victimhood and for some, a survival mode existence. Thirty percent of the participants experienced issues with building healthy interpersonal relationships with family and friends. Participants often struggled with interpersonal relationships as a result of seeing themselves not worthy or incapable of maintaining healthy relationships. The focus of participants with SAD and interpersonal relationships is twofold, encompassing both how interpersonal difficulties affect psychological problems and how these problems then disrupt relationships and communication. Interpersonal events have a profound impact on the development, course, and consequences of the participants with SAD.

6. Switched the focus from participant to the population to create a general description.

Example: Students experience a negative view of others in the world around them due to their negative experience with people from their past. For college students with SAD being-in-the-world is a state of victimhood and for some, a survival mode existence. After seeking counseling, most are able to change these perceptions. College students with SAD experience issues with building healthy interpersonal relationships with family and friends. They often struggle with interpersonal relationship as a result of seeing themselves unworthy or incapable of maintaining healthy relationships. College student with SAD express being introspective and engross in their own world, causes difficulty for them to look

outside of themselves. As a result, it has a profound impact on their relationships in all areas of their life.

### **Interview Questions**

A semi-structured interview method will be used to collect data for this research project. A semi-structured interview will allow the researcher to construct interview questions related to the research question so that the main aspects of the research study are sure to be covered while allowing participants to discuss other information that may end up being relevant to the research project. According to Giorgi (1985), semi-structured interviews allow students to keep a balance between focusing on the research topic and allowing for the required disciplined impulsive aspect of phenomenological inquiry. When interviewing participants, the researcher will give participants a brief introduction about the focal point of the research to set the tone. The following interview questions were asked to participants:

1. Describe the nature of your social anxiety disorder.
2. What led you to seek support services on campus?
3. How did you hear about the university counseling center?
4. Have the services improved your experience as a student academically? If yes, give examples or if no, describe.
5. If yes, give examples of how services have helped you.
6. If no, describe how services have not helped you.
7. Give examples of a time where the college services have had an impact on your life, positive or negative.

8. Assess what this experience is like for you to participate in a research study.

After the initial interviews, the researcher transcribed and reviewed the written transcription. The uses of semi-structured and follow-up interviews as data collection allowed participants to later add more detailed descriptions of their lived experiences of SAD.

### **Validity and Reliability**

Phenomenological studies are decided by whether the research is credible, valid, accurate, and useful to individuals outside of those who participated in the study (Sanders, 2003). Hence, Hermeneutics is a procedure for transporting or revealing what is usually concealed in social experiences while looking for meaning ingrained in mutual life experiences (Lopez & Willis, 2004). Therefore, the investigator and contributors are connected interactively so that the results are generated as the study happens (Guba & Lincoln, 1994). Guba and Lincoln's four methods will be used to guarantee reliability and authenticity, which include credibility, transferability, dependability, and confirmability.

Phenomenological inquiry bases are to gain reliability by seizing the experience as it is lived and seen by contributors to the research (Benner, 2000; Van Manen, 1998). Therefore, a phenomenological study is trustworthy when it denotes an exact description of the participants' experiences as denoted by contributors themselves. Reliable study provokes a phenomenological affirmation, as we identify the experience as our own or potentially our own (van Manen, 1998). Therefore, to increase the reliability of this study, I will conduct "member checks." To safeguard my interpretations, a precise

representation of participants' experiences will be recorded; therefore, each participant will look over written descriptions from the recorded interviews for accuracy.

Transferability will be achieved by making sure a thorough account of the setting in which the study is conducted to offer readers sufficient data to be able to critique the applicability of the results. Reliability is shown by providing records of data, methods, and other research decisions, which can be inspected for external examination. Lastly, confirmability will be exhibited through facts, scientists, and frameworks to provoke analysis to demonstrate the quality of the study (Guba & Lincoln, 1994). Triangulation can be accomplished through continuous feedback with my committee through the data examination process. Moreover, reflexive journaling throughout the investigative study will help to create confirmability. Journaling will include shared themes as indicated only from the interviews, my personal feelings after hearing the narratives, possible follow-up questions for participants, personal accomplishments during the study, and possible future problems and concerns.

### **Ethics**

Walden University IRB Broad will grant ethical approval. The Office of Research Ethics and Compliance (OREC) is responsible for ensuring that every research project associated with the university meets the institution's ethical standards. Which includes the protection of human subjects as well as ethical partnerships with sites and appropriate usage of scholarly tools. A letter outlining the research project's details, goals, and objectives will be given to contributors, and informed consent forms will be attained from all participants before data collection.

A copy of the proposal and a separate letter of information was provided to the director and staff of the University Counseling to be reviewed. Every effort was made to guarantee the confidentiality of all participants. All information was kept secure, using passwords or special codes. When reporting the study findings in future publications or presentations, no names or other identifiers will be used. After five years of the completion of the study, all information will be shredded. There were no foreseen risks to the research study participants. Also, the rights of participants were protected by permitting them the chance to decline or remove themselves from the investigative study at any time or if elicited an overwhelming emotional response or feelings of doubt. If needed, additional services were provided to assist with feelings of stress due to participating in the research study.

### **Summary**

The research was finalized after much exploration of the research problem and questions. A phenomenological inquiry was deemed the most appropriate for collecting and analyzing the data, as it explored multiple components of gaining understanding of participants' lived experiences with social anxiety disorder. No-contact with participants due to Covid-19 protocol, limited the process of discovery through deep meaningful conversations. The phenomenological approach allowed for unique exploration of social anxiety disorder, through the exploration of the topic in questions, as there was no prescribe theory attempting to be proven; which allowed for more varied findings in terms of the phenomenon. The scope of this research focuses not only on the



understanding of individuals experiences but on how they connected those experiences to social, cultural, and theoretical contexts aspects of their lives.

## Chapter 4: Results

In Chapter 4, I explain participants' experiences with SAD and navigating interventions and responsive services in college. The literature review in Chapter 2 addressed the complexity of college students dealing with SAD and the influences of responsive service or lack of services. Using Husserl's (1970) transcendental phenomenology, I explored each participant's individual lived experience and identified themes related to lived experiences of college students with SAD and their access to responsive services on campus. Chapter 4 highlights the students' unique experiences while also exhibiting how others are judging them, issues with developing healthy relationships, and belonging were shared experiences. Students' desire for more responsive services on campus to support students with SAD is also discussed. The final sections of the chapter provide answers to the research question through the identified themes.

Phenomenology differs from other qualitative research designs. Rather than focusing on themes emerging from observed data analysis, the hermeneutic theoretical framework addresses the participants' understanding of embodiment as being situated and relational or being-to-the-world to categorize a standard structure of the phenomenon under investigation. Phenomenological themes are not generalizations; instead, they are elements that form the more significant meaning of the phenomenon. Therefore, themes reported by all contributors describe the phenomenon in a manner that would be recognizable by anyone experiencing the same phenomenon (Swanson, & Schonwald, 1988; Vagle, 2014; Wagner et al., 2014).

## Procedure

Due to COVID-19 restrictions, this study was completed virtually through videos, Google docs, and surveys. All communication was conducted via the student's university email account. First, I created an introductory video of myself through a video presentation and provided participants with an overview, the aim of the study, and the interviewee's rights. The participants were given time to respond to consent to the study after the video was sent out. Once students submitted a consent form agreeing to participate, in which they acknowledged the right to withdraw from the study at any time without penalty, I sent the interview questions. Each participant responded to the interview questions via a Google Doc link. By collecting data via Google docs, I was able to record participants' responses in a secured and organized manner that only I had access to. In addition, university-issued email accounts are monitored by the school's IT department and are more protective of student's information. After the distribution of the interview questions, I reviewed the participants' responses. Participants responses were organized by themes.

As needed, I obtained additional data by conducting individual follow-up interviews to gain clarity on responses to the interview questions. After I reviewed the written responses of all the participants, I first looked for common themes among the participants. Next, I identified gaps in the data (e.g., unclear information or missing communication) in the initial transcript and created interview questions for each participant based on those gaps. Follow-up questions were sent to selected participants' email asking questions to clarify their initial response. I interviewed each participant for

more information to fill each gap. I then transcribed each follow-up response, read it, and integrated it into the original analysis. I also created meaning units, themes, and summaries. This chapter concludes with the analysis summary.

### **Validity and Reliability**

Several methods were used to ensure the validity and reliability of the study. First, my experiences and understanding of previous experiences were clearly stated, recognized, and identified as part of the study, which helped ensure that any preconceived notions did not influence the participants or the analysis throughout the progress of the study. Only the written responses given by participants were recorded, and I used direct quotes to support the findings. Google Docs were used to obtain all interview responses, and, to guarantee accuracy, I provided a transcript of the responses to each participant. Using Google Docs ensured the responses sent by participants could not be altered and were sent directly from them, and to ensure the analysis would be focused on participants' responses. Member checking was used to validate the data and was incorporated throughout the interview process by emailing follow-up questions to participants for clarification and accuracy to validate my understanding of the experience.

To further support the validity and quality of the data, I employed Yardley's (2000) criteria for validity, as recommended by other qualitative researchers (Heffron & Gil-Rodriguez, 2011; J. A. Smith et al., 2009). Yardley's work presents a broad array of quality criteria that can be applied to various qualitative studies, including in PA (J. A. Smith et al., 2009). Yardley (2000) detailed four principles for assessing the merits of qualitative work: sensitivity to context, commitment and rigor, transparency and

coherence, and impact and importance. Yardley noted that these principles are flexible in their application but should coincide with qualitative methodologies. Yardley's criteria were used to ensure that the current study was credible, both in terms of technique and interpretation, and that the results accurately represented the students' lived experiences with SAD. In keeping with the principles of qualitative research, I used open-ended interview questions, which allowed the participants to be flexible with their responses. I exercised sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance to validate the findings in this study.

### **Summary of the Study**

The purpose of this study was to explore the lived experience of college students with SAD and the responsive services they receive. The themes that were identified in the research were triggers and diagnoses, responsive services, physical effects of SAD, and psychological symptoms. The experience was different for each participant; however, the themes provided a deeper understanding and awareness among college counselors for practical application and improvement of services. Each theme demonstrates connections to previous literature and may strengthen the research on the experience of college students with SAD. The university may apply the findings to faculty, administrators, and support staff to enhance the experiences of this unique population while in college.

Furthermore, the participants' experiences provide a rationale for implementing responsive services and strengthening programs with college students with SAD within the counseling department. To better understand SAD, findings indicated that introversion and self-esteem must be understood. Self-esteem may be a predictor of SAD.

Results imply that proper assessment, prevention, and treatment planning for college students with SAD on campus may help improve responsive services by considering self-esteem and introversion. I asked participants what caused them to seek counseling services. Half stated that a crisis drove them to seek counseling on campus. The other half reported that they decided to seek counseling on their own to manage their anxiety. All participants reported that counseling help improved their experience as a student. Also, all participants stated that counseling services offered on campus positively impacted their lives and provided them with ways to lessen and understand their SAD.

Most students who participated in the study experienced anxiety when presenting to their peers in social settings. Most of the participants disclosed they think others judge or think negatively of them when in social settings. Only four reported having physical effects of SAD, consisting of nightly panic attacks.

The lens of hermeneutic phenomenology allowed me to focus on the personal experiences of the participants with SAD through their life stories and the world they lived in. Participants reported that they sought help to understand what they were experiencing. Through their counseling sessions, individuals with SAD began to realize they had control over their issues, which helped them to develop self-confidence. Counseling helped students with SAD understand their self-worth, come to terms with their past, and move on. Hermeneutic phenomenology helped me understand the participants' experiences as individuals dealing with SAD by placing them in the essence of being in the experience with others. I used a PA approach to explore essential truths

about the phenomenon of SAD grounded in the lived experiences of the college students who participated.

### **Themes**

Students shared their experiences by responding in writing to interview questions concerning SAD. In this section, the essential themes found in the study describe the qualities of the phenomenon under investigation. Although Husserl (1970) viewed essences as universal philosophical truths that went beyond social context, contemporary phenomenologists view essential themes as a detailed description of the meaning of a human experience without intrusion from outside interpretations (Gearing, 2004; Vagle, 2014).

This section presents a composite textual and structural description of the participants' conceptualization of social anxiety. I begin by noting participants' demographic information in Table 1. Next, I provide a discussion of themes supported by additional tables.

**Table 1***Regular Demographics*

Participant	Gender	Classification	Age diagnosed w/SAD	Attending counseling
P1	Female	First year	17	3 months
P2	Female	Junior	20	8 months
P3	Nonbinary	Sophomore	13	5 months
P4	Male	Senior	7 and 19	2 years
P5	Female	Senior	20	2 years
P6	Male	Senior	20	3 years
P7	Nonbinary	Senior	14	2 months
P8	Female/nonbinary	Sophomore	18	Unknown
P9	Female	Junior	24	1 month
P10	Male	Sophomore	18	1 year

**Experienced SAD Early in Childhood**

The data were collected during this study to understand how SAD affects students in college. Findings revealed that three participants were diagnosed with or experienced symptoms of SAD before 13 years of age (see Table 2). Participant 1 was diagnosed before the age of 13 after experiencing issues in school. She experienced anxiety due to her inability to reach out for help in school. When her grades started slipping, she began experiencing anxiety, which contributed to her thinking that success in school determined her self-worth (see Appendix A). Participant 2 started experiencing social anxiety symptoms around the age of 13. She experienced having difficulty doing anything new in a social situation, whether that was going to new classes or school clubs, as well as any activities outside of school (see Appendix A). Participant 8 started to experienced anxiety and went to a psychiatrist referred by the school and was diagnosed at age 9 with SAD. She expressed that she thought it was something wrong with her brain and wanted



someone to fix it. Participant 8 experienced panic attacks when placed in social settings and with her family (see Appendix A).

**Table 2**

*Experienced SAD Early in Childhood*

Participant	P1	P2	P3	P8
Experienced social anxiety symptoms at the age of 13 or earlier	X	X	X	X

**Experienced Dual Diagnoses**

Other mental health conditions come with social anxiety, and understanding those conditions can help individuals learn how to control social anxiety more effectively. The findings (see Appendix A) revealed that four participants had a dual diagnosis, such as depression, obsessive-compulsive disorder (OCD), or panic disorder, along with SAD (see Table 3). Participant 4 was diagnosed with panic disorder along with SAD. He often experienced panic attacks at night, waking him up. Participant 5 was diagnosed with OCD at the age of 2 years; however, she was not diagnosed with SAD until she was 20 years old. During her counseling sessions at the college, she expressed to her counselor that she had random thoughts of violently hurting herself or others, and those thoughts have always scared her. After sharing that information, the counselor diagnosed her with harm OCD, which is a constant worry about causing harm to others and self (see Appendix A). Participant 8 was diagnosed with panic depression and post-traumatic stress disorder. She reported experiencing 5–6 panic attacks a day, not always with a noticeable trigger. Participant 10 was diagnosed with depression. He experienced

depression after dealing with extreme anxiety, paranoia, and self-esteem issues due to SAD. The intense fear that comes with SAD can cause a person to become depressed, leading to an overall increase in depressive symptoms.

**Table 3**

*Experienced Dual Diagnoses*

Participant	P4	P5	P8	P10
Experienced dual diagnoses	X	X	X	X

**Experienced Issues With Family and Interpersonal Relationships**

Some participants experienced ongoing issues with their family, peers, and romantic partners (see Table 4). The findings (see Appendix A) revealed that three participants experienced relationship issues with their family members or peers. Participant 1 experienced issues with her next-door neighbors. There was a gun fight that took place, and from that moment on she experienced anxiety fearing death (see Appendix A). Participant 2 experienced issues with her roommate/friend that lasted over 2 weeks and led to her feeling suicidal. Participant 3 experienced a traumatic relationship that caused their mental health to plummet and affected their ability to regulate their mental health and communicate and connect with other people.

**Table 4**

*Experienced Issues with Interpersonal Relationships*

Participant	P1	P2	P3
Experienced issues w/interpersonal relationships	X	X	X

## **Positive Experience With Counseling Services**

The goal of the Counseling Center is to enhance personal development and academic achievement through counseling, information, and guidance to students as they navigate their college careers. The function of the Counseling Center is to provide the university community with mental health services aimed at maximizing the personal growth and development of its diverse members. The findings (see Appendix A) revealed that eight participants reported the counseling services had had a positive impact on their social, emotional, and academic lives (see Table 5). Participant 1 stated that her experience with the counseling center helped her understand her worth and not to be afraid of who she is as person, which helped her come to terms with the past and move on. Participant 2 stated that the most impactful thing she learned from therapy was that she had control issues, which was good for her to know so she could work on that characteristic. Participant 4 explained how the counselor taught him grounding skills, which helped him make a change. He gave the counselor credit for talking him through a lot of traumatic issues. Participant 5 stated that her counselor helped built her self-confidence and when she has those social anxiety driven thoughts, she can talk herself out of thinking negatively. Also, she gives her counselor credit for explaining harm obsessive compulsive disorder to her, which helped lessen her violent thoughts by putting a name on what she had been experiencing. Participant 5 stated that her counselor gave her the courage to tell her primary physician about her anxieties and now she is taking medication that helps her a lot. Participant 6 stated that counseling was a positive experience for him because it allowed him to better understand and validate his struggles.

He goes on to call his counselor amazing and gives her credit for helping him get to know himself. Participant 7 gave credit to their counselor for helping them become certain of themselves and improving their work ethic. They have learned to set their alarm to remind them to eat because they lose track when they work and study. Participant 8 describes her experience as amazing because her counselor validated her and allowed her to discuss her family without being judgmental or disproven. Participant 10 stated that his counselor helped him face the reality of events transpiring in his life. He credited his counselor for shifting his thoughts of always placing the blame on himself. (Participants direct quotes can be found in the appendix A).

**Table 5**

*Positive Experience With Counseling Services*

Participant	P1	P2	P4	P5	P6	P7	P8	P10
Counseling had a positive impact on their life	X	X	X	X	X	X	X	X

**Counseling Experience Helped Improve Academics**

The interview (see Appendix A) revealed that sixty percent of the participants experienced an improvement in their academic performance after attending counseling. Participants stated that their counselors helped them set educational goals, time management skills, and increase their self-confidence, which increased their ability to stay focus on their academics. Participant 2 reported she was having issues with completing her homework assignment and staying focus. However, after counseling she was able to do the following:

I talked with my therapist, and she helped me find ways to focus more. I started trying to take shorter but more frequent classes and she also helped me get find motivation in terms of really having me think about what happens if I don't do my work and lose my scholarship.

Counseling helped students become more organized and strategically schedule their classes to assist with managing their social anxiety and academics. Participant 3 stated that their counselor helped them sort out time and energy to focus on my schoolwork that otherwise may have been spent focused on anxious procrastination. Thus, shows that Cognitive behavior therapy can help individuals with SAD live normal lives as possible. Participant 4 stated that attending counseling absolutely helped improve their academics by learning how to manage their anxiety. He indicated, "Lot easier to work on homework when you're not hiding in a closet." The counselor taught him grounding skills to help him manage his anxiety. Participant 5 had so much anxiety over schoolwork because she thought that determined her success after coming from a household where her parents only accepted grades of 95 percent or better. Her counseling experience made her realize that while grades are important, they did not determine her self-worth. Participant 5 stated, "when I fail it still hits me hard, but I am able to combat those self-deprecating thoughts and sort of get me out of that headspace." Participant 6 expressed that counseling has helped him academically by cope with his anxiety and unnatural worrying. It made him self-aware of some of the unnecessary stress he was putting on himself by worrying about everything. Participant 7 expressed that counseling

helped him stay focus on his academics and which the school offered more services to help with academics. (Participants direct quotes can be found in the appendix A).

**Table 6**

*Counseling Experience Helped Improve Academics*

Participant	P2	P3	P4	P5	P6	P7
Counseling help improve their academics	X	X	X	X	X	X

**Experienced Physical Effects of SAD**

Physical signs and symptoms can sometimes accompany social anxiety disorder. Twenty percent of the participants in this study experienced loss of appetite, sweating and trembling, and fast heartbeat. Participant 4 experienced nightly panic attacks, which he felt he had a lack of control before attending counseling. Participant 8 stated, “I was having 5-6 panic attacks a day, not always with a noticeable trigger.” Individuals with a social anxiety disorder may associate negative consequences with physical symptoms; however, there was no evidence that the experience of physical symptoms leads to change in their interpretation of uncertain situations. (Participants direct quotes can be found in the appendix A).

**Table 7***Experienced Physical Effects of SAD*

Participant	P4	P8
Experienced physical symptoms of SAD	X	X

**Experienced Psychological Symptoms**

When you have social anxiety, you constantly fear being judged by others or humiliated in front of them. All the participants in the study expressed experiencing some form of a psychological effect of SAD when around others, which caused them to avoid all social situations due to shame and embarrassment (see Appendix A9). Participant 1 experienced anxiety when around others. Her anxiety manifest itself through thinking she offended someone, by saying something that hurt their feelings. She is in her head when she thinks someone has given her a weird look or interprets something that someone said as a “backhanded” comment. Her mind will immediately be clouded with anxiety and rapid-fire questions will run through her head. Participant 2 experienced anxiety whenever doing anything in a new social setting. For example, going to a new school, class, or school club for the first time. She is constantly aware of how other people might perceive her in class or walking to class. Participant 2 expressed that she felt embarrassed about little things obvious other people would not care about, such as riding a bike or carrying an umbrella. Participant 3 experienced social anxiety when in social gatherings and as a result avoided social gathering and communicating with other people. They struggled with presenting and articulating their points because they worried about how others will perceive them. Participant 5 experienced anxiety when they are in social

setting, thinking that she may offend someone, or someone will offend her. She was compelled not to speak-up in social situations and fell like she was walking on eggshells when around her friends, trying to be careful not to say anything she deems as wrong. Participant 6 experienced social anxiety when around new people and over thinks social interactions. He describes his anxiety as what he refers to as “unnatural worrying.”

The interview (see Appendix A9) revealed that half of the participants in the study experienced others judging or thinking negatively of them. Participant 7 experiences before and after social events. The constant psychological fear of being judged has had a profound effect on the daily lives of college students with SAD; anxiety disrupts the nuances of daily living and causes a breakdown emotionally, mentally, and physically. Participant 8 experienced five to six panic attacks every day, with no known trigger. Her experience with daily panic attack affected her ability to function properly. Participant 8 stated, “I was so stressed and freaked out about anything and everything I couldn’t do anything but cry, and hyperventilate and shake.” Participant 9 stated she found herself feeling shy and uncomfortable around people she did not know. She developed a fear of being vulnerable, which made it difficult for the trust others and effectively establish social connections. Participant 10 experienced extreme anxiety and paranoia, which made him feel self-conscious when in groups with people he did not know. The essence of all participants’ experiences in the end are more about the personal growth that occurred as a result of receiving on-campus counseling services. The counselors played a significant role in helping participants work through and grow



through their challenges as a result of their social anxiety disorder. (Participants direct quotes can be found in the appendix A9).

**Table 8**

*Psychological Symptoms*

Participant	P1	P2	P3	P5	P6	P7	P8	P9	P10
Experienced psychological symptoms of SAD	X	X	X	X	X	X	X	X	X

**General Narrative**

About forty percent of participants revealed they experienced social anxiety earlier in adolescents; the youngest age was seven years old. The other participants were diagnosed with social anxiety in their late teens and early twenties. Forty percent participants experienced dual diagnoses. They were diagnosed with depression, obsessive-compulsive, or panic disorder before they were diagnosed with SAD. SAD is often masked behind other mental health symptoms, which is why SAD is often diagnosed later in life. Participants experienced a negative view of others in the world around them due to their negative experiences with people. While some people thought they were shy and ignored them, others thought they had problems and treated them with disdain. Their being-in-the-world was a state of victimhood and for some, a survival mode existence. Thirty percent of the participants experienced issues with building healthy interpersonal relationships with family and friends. Participants often struggled with interpersonal relationships as a result of seeing themselves not worthy or incapable of maintaining healthy relationships. The focus of participants with SAD and

interpersonal relationships is twofold, encompassing both how interpersonal difficulties affect psychological problems and how these problems then disrupt relationships and communication. Interpersonal events have a profound impact on the development, course, and consequences of the participants with SAD. The key characteristics of this way of being included are a sense of detachment. Participants spoke of being introspective and engrossed in their own world, which caused difficulty for them to look outside of themselves. As a result, that had a profound impact on their relationships in all areas of their life.

Eighty percent of participants had a positive experience receiving counseling services on campus. Through counseling participants learned to challenge social anxiety as a way of being. Participants described how important their connection with their counselor was in allowing them to be open about their problems. One participant spoke of the therapeutic value of having a diagnosis, which enables them to better understand their struggles and ultimately view themselves more positively. Sixty percent of participants experienced a positive change in their academics as a result of attending counseling services. Participants expressed how their counselor helped them understand the influencing factors and the causes of their social anxiety, its triggers and maintaining cycle; which had a profound effect on their academic performance. They became aware of how the various factors of the problems interacted with one another, in a cycle, which maintained their anxiety. Becoming aware of how their own perpetual cycle worked, allowed participants to change how they interpreted their own experiences through experiential practice in counseling. Twenty percent of participants experienced physical

effects of SAD. The physical effects of SAD manifested itself through panic and anxiety attacks and uncontrollable crying. These strong emotions were driven by powerful experiences of social anxiety. Eighty percent of participants experienced psychological effects of SAD. A repeated theme was a strong sense of shame and embarrassment due to experiencing intense and uncontrollable anxiety. Also, participants experienced the sense of being watched and judged by the outside world, which caused them to avoid the social world altogether. Collectively participants spoke on how unpleasant the effects of social anxiety were for college students trying to matriculate through college. SAD intruded upon all aspects of their being and had a negative impact their attitude and their self-perceptions and the perception of others. Participants describe their social experiences and reflected through facing the fear and doing it anyway, they learned their preconceived thoughts were worse than what actually transpired.

In conclusion, participants process of learning to change their way of being in the world have allowed them to give meaning to the manner in which they view or think about social situations, in the context of the work that they put in with their counselors. Some participants expressed a reduction in the physical symptoms of anxiety after working with their counselors. Resonating throughout all the participants narratives was the experience of the effect of cognitive therapy in motivating greater acceptance of themselves and others following counseling.

### **General Description**

Many college students with social anxiety disorder reveal they experience social anxiety earlier in adolescents; others were diagnosed with social anxiety in their late

teens and early twenties. College students with SAD experienced dual diagnoses. They are diagnosed with depression, obsessive-compulsive, or panic disorder before being diagnosed with SAD. SAD is often masked behind other mental health symptoms, which is why SAD is often diagnosed later in life. Students experience a negative view of others in the world around them due to their negative experience with people from their past. For college students with SAD being-in-the-world is a state of victimhood and for some, a survival mode existence. After seeking counseling, most are able to change these perceptions. College students with SAD experience issues with building healthy interpersonal relationships with family and friends. They often struggle with interpersonal relationship as a result of seeing themselves unworthy or incapable of maintaining healthy relationships. College student with SAD express being introspective and engross in their own world, causes difficulty for them to look outside of themselves. As a result, it has a profound impact on their relationships in all areas of their life.

The world in which they live changes from a place of survival to an edited version of not being perfect or ideal but manageable. College students with SAD understand that their worlds are different from others but that they can manage and even flourish in relationships when they have a good understanding of their limitations and the limitations of others. Most college students with SAD have a positive experience with counseling services on campus. College students are learning to challenge social anxiety as a way of being. They describe how important their *connection with their counselor* is for them to be open about their problems. College students with SAD speak of the therapeutic value of having a diagnosis, which enables them to better understand their struggles and

ultimately view themselves more positively. They express how counseling is helping them understand the influencing factors and the causes of their social anxiety and how it triggers and maintain cycle; which has a profound effect on their academic performance. College students with SAD become aware of how the various factors of their problems interact with one another, in a cycle, which maintains their anxiety. Becoming aware of how their own perpetual cycle, allowed college student with SAD to change how they interpret their own experiences through experiential practice in counseling. All college students experience psychological effects of SAD. Some experience a strong sense of shame and embarrassment due to intense and uncontrollable anxiety. Other college students experience the sense of being watched and judged by the outside world, which caused them to avoid social settings altogether. All college students with SAD find the effects of social anxiety are unpleasant as they matriculate through college. The disorder interferes with all aspects of their being and has a negative impact on their attitudes and self-perceptions and their perceptions of others.

### **Summary**

In this chapter, results were presented through using themes and summaries, the participants' lived experiences with social anxiety disorder and the responsive services they receive provided insight into the phenomenon. The essential themes offer insight and may serve as lessons to counselors and faculty/staff on college campuses who support students with social anxiety disorder. Consistent with the literature, the findings of this research may help parents navigate early intervention systems as they begin to recognize evolving symptoms of social anxiety disorder in their children. Chapter 5 will

discuss my conclusions and future guidelines for research in counseling based on the study's findings.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Literature Review

The purpose of this study was to investigate college students with SAD and the responsive services they receive on campus. I also sought to gain insight from college students' perspective concerning counseling services on campus. This study was vital because it allowed participants to share important aspects of their story, determine the meaning of their stories, and stipulate issues that influenced their life experiences (see Austin & Sutton, 2014). The findings may be used to enhance mental health counselors' training in working with students with SAD and may help build quality support services. Often college counselors know how to provide therapeutic services; however, they find it challenging to implement support services for students with SAD (Reilly, 2018). The current study was essential because it may help counselors understand the impact SAD has on college students' quality of life. The more colleges can develop supportive and responsive services to assist students with SAD, the better they can matriculate through college. Furthermore, the project may inform college counselors and administrators about students' experiences and help structure professional development.

According to A. Brown (2020), SAD is fear and anxiety that can lead to avoidance and disrupt a person's life. The stress of dealing with SAD can affect relationships, daily routines, work, school, or other activities in a person's life. Triggers of social anxiety vary from person to person. According to the National Institutes of Mental Health (n.d.), symptoms of social anxiety are often triggered by social situations, especially around unfamiliar people and places. The symptoms of SAD are physical and

emotional, and the symptoms can come and go and change over time. Facing stress or demands may bring about flare-ups. According to the ADAA (n.d.), individuals who experience rejection, bullying, teasing, or ridicule as children are more likely to develop social anxiety and experience other adverse life events such as abuse or trauma. Physical disfigurement, disease, stuttering, tremors, disability, or an illness that makes a person act or look different can increase an individual's self-consciousness and cause them to develop SAD.

SAD can be diagnosed in children as young as 4 years. According to the American Psychological Association (2013), social anxiety is the top mental health concern among college students (41.6%) followed by depression (36.4%) and relationship problems (35.8%). Additionally, on average, 24.5% of students take psychotropic medications to help with these diagnoses. However, 19% of directors reported that psychiatric services on their campus are inadequate. Directors said that 21% of counseling center students present with severe mental health concerns, while another 40% present with mild mental health concerns. The literature and collected data show the positive impact the current study may have on helping to build comprehensive, responsive services on college campuses for students dealing with SAD and to provide professional development to counselors, faculty, and staff.

College is a time of tremendous socialization; the students' experiences at school greatly rely on their capacity to take part in group activities. For an individual with social anxiety, the college experience can feel overwhelming and debilitating. Often, individuals regard the first year of college to be the most challenging because it is a



transitional period; however, college could become problematic over time for students with serious social anxiety. For students, it is vital to understand social anxiety on their terms. With their understanding of social anxiety around socialization, students can better navigate college and their social life. Student participants in the current study were able to reflect on their lived experiences and understand how social anxiety connects to their socialization.

## **Discussion**

### **Prevalence Rate of SAD**

SAD is prevalent on college campuses. Most college students exhibit symptoms of SAD in early adolescence; however, they go undiagnosed until students get to college. According to the National Institutes of Mental Health (n.d.), 75% of individuals with an anxiety disorder will experience warning signs before age 22. College students in the current study validated this statistic; most of the participants stated they experienced symptoms of SAD before or around the age of 13. Some students stated they struggled with intense fears when around unfamiliar people or in unfamiliar places, often viewing themselves as inadequate.

Colleges expect students to be able to socialize and develop interpersonal relationships, gain independence from their parents, and perform well academically. Students in the current study experienced some struggles in these areas. Participants reported a lack of control of their anxiety and depression. Some participants admitted to getting into arguments with their friends and roommates, which resulted in depression and suicidal ideations. Traumatic relationships caused their mental health to plummet and

affect their ability to regulate their emotions and communicate and connect with others. Research indicated the connections between low academic achievement, low performance on tests, and avoidance of giving oral presentations (Al-Nouh et al., 2014). Current participants reported anxiety due to academic requirements such as tests, research papers, new classes, and clubs. Previous research indicated symptoms might be so intense that they interrupt students' daily life and can interfere with daily routines, job performance, or social life, making it difficult to complete school, take job interviews, and have friendships and romantic relationships (ADAA, n.d.).

### **SAD and Comorbid Disorders**

Most often social anxiety cooccurs with other mental health conditions. The most common comorbid disorder students with SAD reported in the current study were depression and bipolar disorder. Previous research indicated both conditions can decrease an individual's quality of life and effectiveness (Umberson & Montez, 2010). Bipolar disorder is commonly associated with anxiety; for this reason, it is not always easy to separate SAD from a bipolar disorder diagnosis. Depression typically is recognized as the contributing issue, which can result in SAD being dominated and undertreated among individuals with this comorbidity. Participants in the current study reported having a dual diagnosis in addition to SAD. Most participants reported depression, bipolar disorder, OCD, panic disorder, and post-traumatic stress disorder along with SAD. Dual diagnoses can make it difficult to diagnosis an individual with SAD. Participants reported that they were first diagnosed with their comorbid disorder before receiving a diagnosis of SAD. The intense fear the comes along with SAD can magnify the symptoms of the comorbid

disorder. This made it difficult for participants in the current study to establish healthy relationships, carry out everyday tasks, and establish high self-esteem.

### **Physical Effects of SAD**

Previous research indicated that people with SAD commonly experience physical effects such as stomachaches, butterflies in the stomach, nausea, rapid heartbeat, shortness of breath, dizziness, dry mouth, blushing, and headaches. The extreme fear of being embarrassed or rejected can cause these physical effects, which impact students' everyday life as it pertains to work, school, and relationships. Overall, participants in the current study carried the burden of being judged. As a result of being judged, college students experienced symptoms of SAD before and after being placed in a social situation. One participant stated "it makes it difficult to do anything new in a social situation, whether that's going to new classes or school clubs, as well as outside of school." Participants are constantly aware of how other people might perceive them. Participants are highly concerned about things others would not ordinarily care about, such as riding a bike across campus or carrying an umbrella. Little things cause feelings of embarrassment. At the same time, students reported their physical symptoms that are triggered when placed in social situations, such as panic attacks, crying, hyperventilating, and shaking. Three students reported physical symptoms (panic attacks) and emotional symptoms (crying) due to fear and anxiety. Individuals with SAD have intense physical symptoms before or during social affairs.

## **CBT**

According to previous research, individuals who seek mental health counseling for SAD will experience substantial growth in their quality of life. One of the most common methods used to treat SAD is CBT. CBT is used to identify, analyze, and change thought patterns and responses to decrease overall anxiety (James et al., 2005). Phenomenology integrates psychology with a kind of logic. Phenomenology develops descriptive psychology in that it is used to describe and analyze types of subjective mental activity or experience (i.e., acts of consciousness). Using CBT helped awaken current study participants' consciousness of their experiences with SAD and helped them learn how to gather meaning and redirect negative thoughts or behaviors. Although most of the students did not know what counseling technique their counselor used, they admitted to experiencing a positive change in their quality of life. Most of the students experienced improvement in their academic performance. Some students came into their consciousness realizing that many things they had been dealing with were directly related to their SAD. Once they became enlightened, they understood what was needed to help them cope with their fears and self-deprecating thoughts.

## **Responsive Services on College Campuses**

The demand for mental health counseling has increased on college campuses. Research indicated that it takes a collective effort of the college campus community to devise a comprehensive response plan to address students' mental health issues (SAMHSA, 2021). Academic advisors and other school staff should be trained to refer students to the counseling center, thereby providing them with the best support they can

during their time at the university. Previous research indicated that students should be made mindful of the signs and symptoms of a mental health disorder and accessible treatment options (Thach, 2022). Most of the current participants disclosed that a crisis led them to seek counseling because they felt compelled to reach out for help to lessen their symptoms of SAD.

All participants in this study reported they knew their emotions, thoughts, and physical symptoms were not normal; however, they lacked the understanding of why they were experiencing life in an out-of-control manner. Half of the participants heard about counseling services from their peers, and the other half heard through orientation class. All participants reported that counseling services on campus impacted them in a positive manner and helped them understand their disorder. Participants disclosed that counseling helped minimize their anxiety, and as a result they performed well academically. This further validated the importance of recognizing symptoms and understanding the impact social anxiety has on college students during their first semester of college when designing interventions and responsive services. Most of the participants agreed that responsive services are needed on campus to help students deal with mental health issues, develop coping mechanisms to be successful in school, and develop healthy relationships and friendships. All participants reported that counseling helped them face the reality of the events in their lives. Counseling taught them how to redirect and sort out negative energy, which caused them to learn how to regulate their emotions, negative thoughts, and physical symptoms of SAD.

### Researcher Reflections

When the study first began, I was heavily influenced by my education and mental health background. This study enhanced my understanding of college students with SAD through common themes. I assumed that individual counseling would be most beneficial to students. This assumption was confirmed as participants discussed their positive experiences with individual and group counseling. P3, however, pointed out that group counseling helped them more than individual counseling because the group gave them the confidence and comfort to interact with others. My understanding of SAD was revised after reviewing and analyzing the data. For example, meeting new people and joining school clubs and organizations can be complex for a student with social anxiety. Without the appropriate help in place to work through challenges of dealing with new schedules, instructors, expectations, and friendships, students are forced to cope on their own. A student with social anxiety will miss the comfort of a small group of friends they formed during their high school years. Those students struggle with transitioning from home to college and are likely to experience setbacks and new triggers (Worsley et al., 2021).

Phenomenology is positioned to help scholars learn from the experiences of others as a research methodology. Phenomenology is an effective research strategy that is well suited for exploring challenging issues by building a better understanding of the phenomenon and working to ensure proper alignment between the research question and the researcher's underlying philosophy. Conducting this study made me aware that social anxiety is not limited to the fear of being in the room with others or wondering what others are thinking. Phenomenological methodology helps researchers understand the

phenomenon involved in learning, behavior, and communication that are relevant to a field of study. SAD goes beyond the thought of what others think; it affects the thought processes of the individual, and as a result an individual can develop post-traumatic stress disorder. This can place an individual with SAD into a perpetual cycle of anxiety and fear, which is linked to low self-esteem, depression, and other mental health disorders.

### **Limitations**

There were some limitations while conducting the research. Rich and thick data was collected from a smaller population. Due to the COVID-19 protocol, I was not able to conduct the interviews face-to-face. Participants' responses to the interview questions were collected using Google Docs, which limited my ability to pose follow-up questions and seek clarification. I had to email participants follow-up questions for clarification. I received participants' responses via email. Also, the research was conducted on a single college campus, limiting participants' scope and responses.

### **Future Research**

This study works as a launching place for further research and brings up additional questions regarding the responsive services available on college campuses for students with social anxiety disorder. Also, the research finding can serve as a road map for counselors to develop their understanding of social anxiety and further develop responsive services being offered to students on campus. It would be helpful to conduct future research on a more diverse campus to see if the identified themes continue to resonate on that campus. I would like to see future research explore environmental backgrounds of participants to see what caused their anxiety to increase. Additionally,

given that all ten students were from the same university, a larger study might identify differences in responsive services and programs at different schools. Alternatively, the ten students spoke very highly of their experiences at their university's counseling center; it would be interesting to spend more time analyzing the specific services and how faculty and staff interact with students with social anxiety. Possibly helping to break the negative stigma associated with receiving counseling services and participating in support or responsive programs. To integrate college students' perceptions of SAD, establish intervention-based programs on college campuses and train counselors and interns. The application of qualitative research methods allows contributors to identify important aspects of their story, determine the meaning of their stories, and stipulate issues that influenced their life experiences (Austin & Sutton, 2014).

Counselor educators are encouraged to give back to society by offering a portion of their professional experience to services with little or no financial return (ACA, 2014). When appropriate, counselors advocate for individuals, groups, institutions, and societal levels to examine potential barriers and obstacles that inhibit access and the growth and development of society (ACA, 2014, A.7.a.). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards (2016), stated that counselor education programs must cover the role and process of the professional counselor advocating on behalf of the profession in their curriculum. Counseling students must understand advocacy processes and need to address institutional and social barriers that impede access, equity, and success for clients (CACREP, 2016). Receiving increased training about the lived experiences of students with social anxiety disorder brings social



advocacy benefits and helps extend further validation of the counseling sector (Sandhu, 2017). Further highlighting the lived experiences of individuals with social anxiety disorder can provide the research data to help professional counselors advocate and inform educational institutions on how to provide and improve services for the population (Arthur, Collins, McMahon, & Marshall, 2009), which will further establish the counseling profession.

### **Conclusion**

Social anxiety disorder is a mental health condition which can affect an individuals' work, school, and other day-to-day activities. It can even make it hard for them to make and keep friends. By learning more about fear and anxiety and how it affects their lived experiences, researchers may create better treatments and response services. Research is critical to help improve responsive services and advocate for adolescents with social anxiety disorder before college.

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## Appendix A: Situated Narrative

**Table A9***Experienced Psychological Symptoms*

Participants	Quote
P1	“I usually I’ll anxiety in places I’ve never been in. often times I think people are looking at me funny, or people are talking about me.”
P2	“It makes it difficult to do anything new in a social situation, whether that’s going to new classes or school clubs, as well as outside of school. I’m constantly aware of how other people might perceive me in class or walking to class, and like things that obviously wouldn’t be anything people would care about, like riding a bike or carrying an umbrella, feel embarrassing.”
P3	“Worry during social gatherings; avoidance of large social settings; avoidance of communication with people; worrying about distance communication and face to face communication; struggle presenting; struggle articulating points”
P4	“I usually have anxiety in places I’ve never been in.”
P5	“With the social anxiety, I have a lot of anxiety about offending someone, saying something that will hurt someone’s feelings, or making someone pretend to like to me. Usually when I’m with someone and maybe they give me a weird look or they say something that I think is backhanded in a way, my mind will immediately be clouded with anxiety and these rapid-fire questions will run through my head, such as “Oh no what did I say?” “Are they upset with me?” “Did I just ruin our friendship?” “Oh no I shouldn’t ask to hang out next time. If they ask me that must mean we are on okay terms.” “They probably think I’m a bad person, but I didn’t mean to be.” “it’s my fault I always mess up talking to people.” Then I’ll feel more compelled to not speak up in social situations and I feel like I’m walking on eggshells around all of my friends because I don’t want to mess up, and it takes some time and usual reassurance that my friendships are secure.”
P6	“I get super nervous around new people and over think social interactions really bad.”
P7	“It’s way under control now, but I still have a hard time handling my anxiety AFTER social events.”
P8	“I was having 5-6 panic attacks a day, not always with a noticeable trigger. This is on top of my diagnosed depression and PTSD. I was barely able to function, I was so stressed and freaked out about anything and everything I couldn’t do anything but cry and hyperventilate and shake.”

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P9

“Shy around people, and uncomfortable around people I don’t know.”

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P10

“I get extremely anxious, paranoid and self-conscious when I am in groups of people that I do nothing know or am not comfortable around.”

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**Table A10***Positive Experience With Counseling Services*

Participants	Quote
P1	“yes, it’s really made me see life as a learning process and learning how to make things more positive. it’s also helped me accept things about myself, for instance, that it is okay to cry and let out everything that I feel.”
P2	“My first therapist helped me realize I have control issues, which was really good to know because it’s hard to fix things you aren’t aware you’re doing. That’s probably been the most impactful thing I’ve gotten out of therapy. That and some of the motivational stuff I did first time as well, mentioned above.”
P4	“My counselor taught me grounding skills that helped me make my first changes, and have talked me through a lot of my trauma.”
P5	“My counselor did some research and told me about Harm OCD, and it really helped me because I just thought maybe I was a bad person for having these thoughts, but having a name on them really helped me with my self-esteem and get to where I am now were I do not have those thoughts as frequently as before. Counseling has also helped me with my self-confidence, and when I have those social anxiety ridden thoughts I’m able to talk myself out of thinking in those ways. My counselor also helped give me the courage to tell my primary physician about my anxieties, so now I’m on medication and that’s helped too.”
P6	“It had a positive experience by allowing myself to better understand and validate my struggles. My counselor was amazing at helping me figure myself out. I’d be struggling more now without her easily.”
P7	“My counselor helped me be a bit surer of myself, my work ethic is improving I think, and I am setting food alarms to remind myself to eat because I lose track of that when I work and study.”
P8	“Honestly just being validated and having someone to discuss my family issues with and not be judged or disproven has been amazing.”
P10	“Yes. My counselor was extremely helpful, and helped me face the reality of the events I went through last year. I had been prepared to pin it all on my own inadequacy but he helped me see that I hadn’t really done as much as I thought.”

**Table A11***Counseling Experience Helped Improve Academics*

Participants	Quote
P2	“Yes. This was mostly freshman year. I was really struggling to do my homework and focus. I talked with my therapist, and she helped me find ways to focus more. I started trying to take shorter but more frequent classes and she also helped me get find motivation in terms of really having me think about what happens if I don’t do my work and lose my scholarship.”
P3	“Yes. My counselor helping me work through my own personal struggles has helped me be able to sort out time and energy to focus on my schoolwork that otherwise may have been spent focused on anxious procrastination.”
P4	“Absolutely. Lot easier to work on homework when you’re not hiding in a closet.”
P5	“Yes, because going to counseling has made me realize that while grades are important, they do not determine my self-worth. I grew up in a household where an education and good grades (95+ preferably) were an expectation and failing to meet that meant you failed and had to keep trying harder. I had such anxiety over my schoolwork because I thought that determined my success therefore my self-worth, but I’ve gotten to the point where when I fail it still hits me hard, but I am able to combat those self-deprecating thoughts and sort of get me out of that headspace. It also really helped going to group counseling sessions and hearing other people say the exact same thoughts I’ve had about school and social interactions that it makes me feel like I’m not alone and I’m more inclined to do the exercises they teach in those sessions to deal with anxiety because I know everyone else is trying to.”
P6	“Yes, it helped me cope with my anxiety and unnatural worrying. It made me self-aware of some of the unnecessary stress I was putting on myself by worrying about everything.”
P7	“I think so! The mere act of me talking about my problems helps me gather a better grasp on it and what I can do. I think it definitely helps, and I wish that all services that UAH offers, even more than just counseling would be better advertised. I’m a senior now, hopefully graduating this semester, and there are just so many resources I was completely unaware of.”

**Table A12***Experienced SAD Early in Their Childhood*

Participants	Quote
P1	“When I look back on my early teen years, I believe I developed social anxiety around 13.”
P2	“I did experience social anxiety before the age of 17. The most noticeable sign or moment was when I was probably around 13.”
P3	“I was first diagnosed with social anxiety disorder at the age of 13.”
P8	“I cannot remember when I first experienced anxiety, I think it was something I was born with. It started getting to be really noticeable when I was 8-9 years old.”

**Table A13***Experienced Dual Diagnoses*

Participants	Quote
P1	“So, something I found out I could have while going to counseling sessions was that I could have Harm OCD.”
P4	“Panic Disorder, nightly panics”
P5	“So, I was diagnosed officially with OCD at age 2 and my social anxiety sort of stems from that as well...”
P10	“My depression and anxiety were spiking through the roof last year so I decided to try the counseling sessions.”

**Table A14***Experienced Issues With Interpersonal Relationships*

Participants	Quote
P1	“...I had no friends and dealt with extreme bullying for a large majority of my preteen years and it really stopped me from wanting to interacting with other people in fear of their feelings and thoughts towards me.”
P2	“...an argument with a friend/roommate that had spiraled to the point over two weeks that I was feeling very upset and started suicidal idealizing which I wanted to stop before things got out of control.”
P3	“A traumatic relationship that caused my mental health to plummet as well as the COVID-19 pandemic affecting my ability to regulate my mental health and communicate and connect with other people.”

**Table A15***Experienced Physical Effects of SAD*

Participants	Quote
P4	“Panic Disorder, nightly panics.”
P8	“I was having 5-6 panic attacks a day, not always with a noticeable trigger...”

## Appendix B: Interview Questions

1. Describe the nature of your social anxiety disorder.
2. What led you to seek support services on campus?
3. How did you hear about the university counseling center?
4. Have the services improved your experience as a student academically? If yes, give examples or if no, describe.
5. If yes, give examples of how services have helped you.
6. If no, describe how services have not helped you.
7. Give examples of a time where the college services have had an impact on your life, positive or negative.

## Appendix C: Letter of Approval From IRB

Dear Ms. Broaden,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, “The Lived Experience of College Students with Social Anxiety Disorder While Accessing Support Services,” conditional upon the approval of the research partner, as documented in a notification of approval, which will need to be submitted to the Walden IRB once obtained. You may not commence the study until the Walden IRB confirms receipt of that notification of approval.

Your approval # is 05-19-20-0239928. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on May 18<sup>th</sup>, 2021. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Please note that this letter indicates that the IRB has approved your research. You may **NOT** begin the research phase of your doctoral study, however, until you have received official notification from the IRB to do so. Once you have received this notification by email, you may begin your data collection. Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application materials that have been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB’s approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the Documents section of the Walden website:

<http://academicguides.waldenu.edu/researchcenter/orec>

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

[http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d)

Congratulations!  
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Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:

<http://academicguides.waldenu.edu/researchcenter/orec>

## Appendix D: Demographic Form

**The Lived Experience of College Students with Social Anxiety Disorder Accessing****Support Services***Demographic Information:*

Your Name:

Age:

Classification:

Gender:

What age was you first diagnosed with Social Anxiety Disorder?

How long have you been coming to the university counseling center?



## Appendix E: Consent Form

You are invited to take part in the research study of Patrice Broaden, a Ph.D. student at Walden University. The research project is entitled “The Lived Experiences of College Students with Social Anxiety Disorder and the Responsive Services They Receive.” The application allows for participants to identify important aspects of their life story, to determine the meaning of their stories, and to stipulate issues that influenced their life experiences. The study will explore how college students interpret their life experiences having social anxiety disorder and what other responsive services are needed to assist college students with SAD. Ms. Broaden is inviting current UAH college students with a social anxiety disorder diagnosis to participate in the study. This form is part of a process called “informed consent” to allow you to fully understand this study before deciding whether to take part in the research study.

### BACKGROUND INFORMATION:

This study is designed to examine college students’ perceptions of Social Anxiety Disorder, to integrate their impressions within the training of college counselors and establish intervention-based programs to provide responsive services to students with SAD. The research project will expound upon currently established research to support and expand services for college students with SAD. Identifying essential aspects of their life story, to determine the meaning of their story, and to stipulate issues that influenced their life experiences as it relates to social anxiety disorder and responsive services on a college campus.

### PROCEDURES:

If you agree to be in this study, you will be asked to:

- Participate in Interview (Approximately 45 minutes)
- Follow-up interview will be conducted if necessary (Approximately 45 minutes).
- Transcripts of all interviews will be emailed to participants.
- Participants will be allowed to provide emailed feedback on the transcript for accuracy (Approximately 60 minutes) to the researcher.
- Meet with the researcher if there are further clarifications needed based on feedback student provided regarding interview transcript. This meeting will be about [45] minutes.

When Walden University approves the final research project, the researcher will prepare a 1 to 2 page summary of the research project to share with all participants.

Here are some sample questions:

- At what age were you first diagnosed with Social Anxiety Disorder?
- How long have you been attending sessions at the UAH Counseling Center?

#### VOLUNTARY NATURE OF THE STUDY:

This study is completely voluntary and anonymous. You are free to accept or decline the invitation. The UAH Counseling Center and/or other departments at UAH will NOT be notified of students' participation in study or receive information obtained in this study. Any participate may choose to stop at any time during this study.

#### RISKS AND BENEFITS OF THE STUDY:

Participating in this research involves risks of triggering emotions, such as recalling painful memories, becoming upset, becoming emotional, and stressed. Professional licensed counselors are available to provide therapeutic services if needed. Counselors at The University of Alabama in Huntsville Counseling Center can be contacted if therapeutic services are needed:

UAH Counseling Center  
555 Sparkman Drive NW  
Bldg. 200, Ste. 208  
(256) 824-6203

Being in this study will not pose a risk to your safety or wellbeing. The overall benefit of you participating in this study will help enhance the training of counselors and improve response services for college students with a social anxiety disorder.

#### PAYMENT:

There is none.

#### PRIVACY:

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, initials, and date of birth will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by giving each participant a unique identifying code (S1, S2, S3, etc.). Data will be held for at least five years, as required by the university and only be used for this research project.

The researcher is a mandated reporter, which means participants' confidentiality can be limited. If a participant discloses information concerning sexual abuse, criminal activity, or harming themselves or someone else, confidentiality would have to be broken and reported to the proper authorities. Mandated reporters are required to make a report of suspected abuse when they have reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances. Someone makes a specific disclosure to the mandated reporter, and the child is identifiable.

#### CONTACTS AND QUESTIONS:

You are free to ask any questions you have now or if you have questions later, you may contact the researcher via email at [patrice.broaden@waldenu.edu](mailto:patrice.broaden@waldenu.edu). If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at Walden University at 612-312-1210. Walden University's approval number for this study is 05-19-20-0239928, and it expires on May 18th, 2021.

For qualitative research, you will automatically receive an emailed copy of this form once completed.

1. Email address

#### AGREEMENTS

2. If you feel you understand the study and have decided to participate, please indicate "I AGREE" If you have chosen to NOT participate in this study, please indicate "I DO NOT AGREE"

*Mark only one oval.*

I AGREE

I DO NOT AGREE

3. By signing this document I acknowledge that I have read and understand the information provided, and have indicated my participation decision above. Please type full legal name in the space below.

## Appendix F: Research Informational Video

## Video Link:

<https://www.youtube.com/watch?v=3tDe8wKieNg>

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Hello UAH Charger,

You have been selected for the opportunity to participate in a special research project taking place at UAH Counseling Center. The research project is entitled:

*The Lived Experience of College Students with Social Anxiety Disorder While Accessing Support Services.*

The researcher is seeking individuals that are currently receiving treatment at the University Counseling Center. As well as, college students with Social Anxiety Disorder to volunteer to complete a survey questionnaire. Your participation in this research project will help further establish intervention-based programs and services on college campuses and train counselors and interns. For some participants reflecting on lived experiences may trigger some emotional pain and stress; participants have the option to opt-out of the project at any time without any backlash if emotional trauma is triggered. The researcher will conduct the study using confidentiality and privacy ethics. If you have any further questions, please feel free to contact Patrice at [patrice.broaden@waldenu.edu](mailto:patrice.broaden@waldenu.edu)

If you wish to participate in this special research project, please complete the Consent Form and Interview Questionnaire in the links provided below.

**[CONSENT FORM](#)**  
**[INTERVIEW QUESTIONNAIRE](#)**

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