

Psychological science

UDC 159.9.01

**Isaeva Anastasia**

*Bachelor of Social Work*

## **SOCIAL ANXIETY**

***Summary.** The article is focused on the analysis of anxiety. The defining feature of social anxiety disorder, also called social phobia, is intense anxiety or fear of being judged, negatively evaluated, or rejected in a social or performance situation. People with a social anxiety disorder may worry about acting or appearing visibly anxious.*

***Key words:** anxiety, psychology, phobia, social problems.*

One of the main problems that society has faced and is currently facing is the preservation of psychological health.

Anxiety, fear, panic — phenomena that are often present in our mental life. They can vary in intensity, duration, and structure from mild short-term anxiety to paralyzing horror, forming a diverse range of experiences that accompany a variety of life events: illnesses, conflicts, unpleasant and unexpected incidents. The emotion of anxiety is one of the most frequent experiences of people in critical situations and under strict influences, which can perform various functions, both adaptive and disorganizing mental activity. So, a light degree of anxiety — anxiety — is defined as sensitivity to danger: it warns of an impending threat and mobilizes the body to overcome it. In this case, anxiety is associated with predictive functions of the psyche; a certain level of anxiety provides predictive competence, or anticipatory consistency, thus performing an adaptive role, mobilizing the reserve capabilities of a person in difficult life circumstances. An intense degree of anxiety — panic, horror — has a disorganizing effect on the psychophysiological functions of a person,

blocking the effective functioning of mental duties. A terrified person loses the ability to adequately assess what is happening, analyze the information received, construct a model of the world that is adequate to reality, and make the right decisions. In this case, anxiety is assessed as a destructive emotional-negative mental state that requires correction.

Anxiety is one of the most frequent phenomena that accompany clinical symptoms in patients with neuropsychiatric and psychosomatic disorders, as well as a variety of psychological problems in healthy people. Anxiety-depressive syndrome, which includes the experience of anxiety, along with asthenic syndrome, is the most common type of emotional disorder both in a psychiatric clinic and in an internal medicine clinic.

Most often, anxiety is associated with the expectation of the social consequences of its failure or success. Anxiety is closely related to stress.

According to modern concepts, the state of anxiety is not only an emotional phenomenon; it also includes cognitive and motivational components that form certain forms of behavior. The concept of a "cognitive model of anxiety" is introduced, which includes, in addition to emotional experiences, specific cognitive attitudes, expectations, and ideas about the world. In humans, anxiety is usually associated with the expectation of failures in social interaction and is often due to the lack of awareness of the source of danger. The expectation of failure usually forms a passive-defensive, avoidant type of behavior.

As an emotion directed to the future, functionally, anxiety not only warns the subject of possible danger but also encourages the search and specification of this danger, to actively explore the surrounding reality to identify the threatening object. In this case, the experience of anxiety is realized in the behavior of anxiety, fussiness

Under the influence of anxiety, not only an increase or decrease in sensitivity can be observed, but also a violation of perceptual activity. In slightly

more severe anxiety is characterized by an increasing concentration with the increase of efficiency of analytical and synthetic activity of thinking (leveraging effect), with intense anxiety and panic, the horror, the decreased concentration, impaired memory, decrease the level of analytic-synthetic activity (disruption effect). Violations of the productivity of thinking can be accompanied by confusion, a decrease in volitional activity.

In psychology, there are several types of anxiety, but frequently there are:

1. Social anxiety is when a person feels uncomfortable being among a large crowd of people.
2. Public anxiety – this feeling of uneasiness is acutely manifested at any mass events.
3. Post-traumatic anxiety is a state of constant uneasiness that appears after experiencing psychological trauma.
4. Existential anxiety is a person's awareness of the fact that one day they may die.
5. A shared anxiety condition in which a person experiences a severe anxiety attack if they are away from a particular place or person.

Anxiety on the one hand is the very experience of uneasiness, in which a person feels uncomfortable, and therefore seeks to get rid of this feeling as soon as possible. On the other hand, anxiety signals real and probable problems.

A constant worry for your life, worry for your loved ones is a state of mental tension or anxiety. Almost every second person suffers from this disease. The consequences of frequent manifestations of uneasiness are usually disappointing. A state of constant anxiety leads to difficulties in the nervous system and can cause nerves, headaches, depression, panic attacks. The feeling of anxiety itself is exhausting. It can be felt through chills throughout the body, a feeling of coma in the throat. A person experiencing constant uneasiness often feels tired, lack of moral and physical strength. It is because of all the energy spent on suppressing anxiety and its displacement.

It can be challenging to get rid of the complications that arise after constant anxiety. Therefore, if you feel long-term and gratuitous uneasiness, you need to think about how to get rid of it.

How to get rid of anxiety? Possible option:

1. Make friends with yourself. Don't blame yourself for your fears.
2. An optimistic view of the world. Protect yourself from the unnecessary flow of negative information.
3. Share your problems with a loved one.
4. Set aside time for a break, to take a break from everything: read a book, listen to music, take a walk in the Park.

Anxiety is an emotion that is easily transmitted from person to person in a situation of interpersonal interaction. The client's anxiety is easily transmitted to the consultant. At the same time, it is significant to remember the natural tendency of all people to react emotionally to the anxiety of a communication partner in the same modality, i.e., with uneasiness. In order not to "catch" the client's anxiety, as well as to reduce their level of anxiety, the consultant must be able not to respond to the client's uneasiness in the same modality, so as not to reinforce or amplify it. In the process of psychological correction, the consultant needs to maintain an emotionally neutral style of counseling patients with severe anxiety. Without being reinforced in the emotional reflection of the consultant, the client begins to feel that the level of anxiety decreases. Such a psychological technique — maintaining emotional neutrality while not strengthening the client's mental state — is called "corrective emotional experience" in psychotherapy and psychological correction. The use of this technique may be necessary when consulting clients who are in intense emotional states of anxiety.

## **References**

1. Alexandrov A. A. Modern psychotherapy: a course of lectures St. Petersburg: "Academic project", 1997. 335 p.
2. Bulgakova O. S. The phenomenon of "Split anxiety" during correctional procedures in patients with post-stress disorders // Modern problems of science and education. 2013. № 3.
3. Korepanova N. L., Lebedeva O. V. Anxiety. Its causes and consequences // Scientific and methodological electronic journal "Concept". 2016. Vol. 28. PP. 35-37.
4. Mesropyan G. M. Anxiety in the system of psychological security of the individual // Psychology, sociology, and pedagogy. 2016. № 3.
5. Sobchik L. N. Psychology of personality: the theory and practice of psycho-diagnostics. SPb.: Speech, 2003.
6. Solovyova S. L. Anxiety and anxiety: theory and practice [Electronic resource] // Medical psychology in Russia: electron. scientific journal. 2012. № 6 (17).