

Managing Social Anxiety

A Cognitive-Behavioral Therapy Approach

Client Workbook

Debra A. Hope
Richard G. Heimberg
Harlan R. Juster
Cynthia L. Turk

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Comments About the Program

"The authors are in the forefront of research on cognitive-behavior therapy for social phobia, the most carefully documented effective treatment for this disorder, and are excellent clinicians. They bring their extensive knowledge of social phobia and their wealth of experience in treating these clients together in a valuable workbook for people undertaking CBT. Although firmly based on empirical research, this is no stodgy manual. It is written in a lively, accessible form with many vivid examples that will help clients apply the concepts to themselves. It contains useful forms for homework assignments and tests at the end of each chapter to enable clients to assess whether they've understood the material. Not every client takes to bibliotherapy, but for the many who do, this manual will prove a valuable adjunct to therapy."

Dianne L. Chambless, Ph.D.
William Leon Wylie Professor
Co-Director, Anxiety Treatment Center
Department of Psychology
University of North Carolina at Chapel Hill

"This outstanding manual brings the latest research findings on social anxiety (many of these findings originate in the authors of this manual!) directly to the socially anxious person. The authors' depth of experience shines through on every page—they have studied and treated thousands of people with social anxiety, and here they share what they have learned. Written in a warm, supportive style and in clear, straightforward terms, this manual describes a step-by-step program to guide readers through the recovery process. Any person who suffers the pain and isolation of social anxiety should read this book."

Jacqueline H. Persons, Ph.D.
Director, San Francisco Bay Area Center for Cognitive Therapy
Associate Clinical Professor, Department of Psychiatry
University of California, San Francisco
Associate Clinical Professor, Department of Psychology
University of California, Berkeley

About the Authors

DEBBRA A. HOPE, PhD, received her doctoral degree in clinical psychology from the State University of New York at Albany in 1990 after completing her doctoral internship at the Medical College of Pennsylvania/Eastern Pennsylvania Psychiatric Institute. She is currently Professor of Psychology at the University of Nebraska–Lincoln and Director of the UNI Anxiety Disorders Clinic in UNI's Psychological Consultation Center. Dr. Hope has published approximately 50 papers on social anxiety, cognitive-behavioral psychotherapy, social skills, and schizophrenia. Her research on the similarities and differences between social anxiety and dysthymia has been supported by a grant from the National Institute of Mental Health. She is co-editor of *Social Phobia: Diagnosis, Assessment, and Treatment* and editor of volume 43 of the Nebraska Symposium on Motivation entitled *Perspectives on Anxiety, Panic and Fear*. Dr. Hope is past president of the Anxiety Disorders Special Interest Group of the Association for Advancement of Behavior Therapy.

RICHARD G. HEIMBERG, PhD, received his degree in clinical psychology in 1977 from Florida State University. After two decades as Professor of Psychology at the State University of New York at Albany, he now holds a similar position at Temple University, where he also directs the Adult Anxiety Clinic. Dr. Heimberg is widely credited with the development of the cognitive-behavioral treatment for social anxiety on which this manual is based, and his treatment development research has been supported by the National Institute of Mental Health since the early 1980s. Dr. Heimberg sits on the Board of Directors of the Association for Advancement of Behavior Therapy and the Scientific Advisory Board of the Anxiety Disorders Association of America. He is co-editor of *Social Phobia: Diagnosis, Assessment, and Treatment* and co-author of *Social Skills Training Treatment for Depression*. In addition, he has published over 160 papers on social anxiety disorder, other anxiety disorders, and depression. Dr. Heimberg currently serves as Associate Editor of the journal *Cognitive Therapy and Research* and sits on the editorial boards of nine other scientific journals.

HARLAN R. JUSTER, PhD, received his degree in counseling psychology from the State University of New York at Albany in 1985 and worked for several years as a psychologist at the Veterans Affairs Medical Center in Albany, NY. He joined Dr. Heimberg's research group as a postdoctoral fellow in 1991 and continued there as Assistant Director of the Social Phobia Program until 1997. Dr. Juster has published approximately 30 papers on social anxiety disorder and related topics, including several literature reviews on treatment outcome. He is currently Director of the Anxiety and Phobic Disorders Center at Pine Bush Mental Health, a private practice clinic in Albany, NY.

CYNTHIA L. TURK, PhD, received her degree in clinical psychology from Oklahoma State University in 1996 after completing her predoctoral internship at the University of Mississippi Medical Center/Jackson Veterans Affairs Medical Center Consortium. She is currently a postdoctoral fellow at the Adult Anxiety Clinic of Temple University and Director of the Generalized Anxiety Disorder Program there. Her research interests include social anxiety, generalized anxiety, and behavioral medicine.

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Chapter 1

The Invitation: Are You Ready to Begin the Journey to Overcome Social Anxiety?

Have you ever experienced social anxiety? If you are like most people, you have had many such experiences. Social anxiety is feeling tense, nervous, or frightened in situations that involve other people. To help make this definition more clear, let's take a look at Nicole in a situation that many of us will find familiar. (Note that whenever we describe our clients in this book, their names and some details are changed to protect their privacy.)

Nicole recently has received the good news that she is being promoted to a supervisory position in her job. However, the morning before she starts the new job, she finds herself questioning whether the promotion is what she really wants. As part of her new responsibilities, she has to make presentations on her department's activities at weekly management meetings. While preparing what she will say in her first meeting, Nicole notices that she is nervous about speaking in front of the managers, most of whom she does not know very well. She has a few butterflies in her stomach as she worries about making a good impression. After all, she does not want anyone to think that they made a mistake when they offered her the promotion!

Finally, it is time for the meeting, and Nicole takes her place at the conference table. As she listens to others give their reports, her anxiety increases and her heart beats faster than normal. She tries to relax by telling herself that she is prepared and that no one expects her to be perfect on her first day. When it is Nicole's turn to speak, she feels a little rush of anxiety as she looks out at all of the faces, and she stumbles over the first couple of words. However, as she gets into her report and notices that everyone seems to be listening attentively, the anxiety quickly subsides. Afterwards, Nicole wonders what she was so worried about since her report went fine. She thinks she will like her new job.

The nervousness that Nicole experienced when she had to speak in front of the group is one type of *social anxiety*. Social anxiety in public speaking situations is

very common, and most people have some of the symptoms that Nicole had—butterflies in her stomach, increased heart rate, worries about what others will think about her, and a bit of difficulty speaking fluently. Many people have social anxiety the first few times they have to do something such as speaking in front of a group, meeting with a new boss, going to a job interview, going to a new class or job where they do not know anyone, or getting to know someone they might like to date. This commonly experienced social anxiety is unpleasant but not unmanageable, and it goes away fairly quickly. However, as we will see in the following example, some people have a very different experience with social anxiety.

Cory and Jodi have been dating for several months, and this dinner will be the first time he will meet her family. Let's take a look at Cory as he is getting dressed to go to dinner with his girlfriend and her parents. He takes a deep breath to relieve his tension as he thinks to himself that worrying about this dinner has ruined his entire week. Every time he thought about it, he felt sick to his stomach. As the time draws near, he feels even more upset and nauseous. Although Cory is in his thirties, Jodi is his first girlfriend, and they started dating only because she actively pursued him. Cory never thought someone as pretty and fun as Jodi would go out with him! Now he is worried that he will make such a terrible impression on her parents that she will be embarrassed to be with him. On the way to the restaurant, Cory nearly runs off the road because he is so distracted by thoughts of the dinner. All he wants to do is run away, as far and as fast as he can. When Jodi introduces him to her parents, his heart is pounding and his palms are sweaty. He becomes convinced that her father thinks he is a loser because he looks so anxious. Throughout the dinner, Cory has to make an effort to keep track of the conversation because he keeps thinking that everything is going wrong. At the end of the evening, Cory declines Jodi's parents' invitation to stay for coffee and dessert, claiming that he has to be at work early the next morning. The next day, Jodi tells Cory that she felt that the dinner was a big success and her mother thought it was "sweet" that he looked a little nervous.

Unlike Nicole, Cory's experience of social anxiety causes him to feel miserable and truly interferes with his life. Not only was he nervous on the day of the dinner, but he had been anxiously anticipating it all week. The social anxiety interfered with his concentration so that he had difficulty driving safely and making dinner conversation. The comment Jodi's mother made about his nervousness made it clear to Cory that his anxiety was visible to Jodi's parents, and he is worried about what they will think of him.

As we can see, social anxiety is a normal part of life, but it can sometimes have a negative impact on an individual's life. The important question is not whether someone experiences social anxiety or not, but to what degree and how often. Thus, experiencing social anxiety is not like having a broken arm—your arm is either broken or it is not. Rather, social anxiety is on a continuum. To illustrate, let's think about how people with differing levels of social anxiety might react in Nicole's and Cory's situations.

Individuals who experience less social anxiety than Nicole might not be at all nervous about giving a report for the first time and, in fact, might welcome the opportunity to demonstrate their talents in front of the management group. Others might have worried for several days about giving the report, perhaps even having difficulty sleeping the night before. People who experience more social anxiety than Nicole might have continued to be anxious throughout the presentation. They may have performed well despite the anxiety, but it is also possible that they would have had difficulty effectively communicating their main points. A person who experiences very high levels of social anxiety might have turned down the promotion, knowing that giving reports was part of the job and the prospect of doing so was too terrifying to even consider.

Someone who experiences much less social anxiety than Cory might have been a little nervous just before meeting Jodi's parents (most people are nervous meeting prospective in-laws!) but would have quickly become more comfortable as they began to talk together. Someone who experiences more severe social anxiety than Cory might have refused to attend the dinner because he felt panicky just thinking about it, despite knowing that this would make Jodi angry and might even threaten the future of their relationship.

Let's consider one more example that demonstrates just how devastating social anxiety can be. Eric was a 30-year-old man who sought help with his social anxiety after reading a story in the newspaper about our treatment program. It was immediately obvious that Eric was very nervous about talking on the telephone. After a lot of encouragement, he agreed to come in and meet with a member of our staff. At the clinic, we could tell that Eric was having difficulty just sitting in the waiting room because he felt so anxious. As he talked with our staff person, he started to feel a little more comfortable and described how his social anxiety had gradually gotten worse. Eric explained that he had always been shy and nervous around people but had managed to get along in school by reading books rather than talking to others. He went to college primarily because he was too frightened to think about getting a job; college seemed a safer prospect because he knew what to expect in a school environment. Throughout college he worked at part-time jobs on campus that did not require contact with people, such as re-shelving books at the library.

After he graduated, Eric was again confronted with the prospect of finding work. He lived for a couple of years off his savings, some money from his parents, and a few part-time jobs that he usually quit after a few weeks because he could not tolerate the anxiety. He had no friends. He spent some time with a cousin and lived with his parents. Finally, his parents insisted that he get a steady job, so he took a position as a night-shift janitor at the college. Eric was very anxious at first but was soon able to develop a routine that allowed him to work alone most of the night cleaning several floors of a large classroom building. Because Eric was bright, hard-working, and reliable, his supervisor tried several times to promote him to more responsible positions, but Eric always refused. Any change might require that

he have more contact with other people, and he did not believe he would ever be able to supervise anyone. When he was not at work, he stayed home. His one pleasure was music trivia, and he constantly read books about popular artists, listened to the radio, and watched the music channels on TV.

Eric explained to our staff member that he felt nervous around almost everyone. If he had to talk with anyone, his heart would pound, and he would feel shaky all over and nauseous. When he went out in public, he felt extremely self-conscious and was convinced that everyone could see that something was wrong with him. Eric came to treatment because he was terrified at the way his life was turning out. He wanted friends and a family someday, but it was clear to him that his life was not heading in that direction. Eric's parents were getting older and he feared he would be living on the street if something happened to them.

Defining Social Anxiety

Mental health professionals have traditionally called severe social anxiety "social phobia." Recently the term "social anxiety disorder" has come into use. We will use social anxiety disorder in this manual with one exception. In Chapter 9, we describe how to overcome specific social fears like worrying that others will see your hand shake while writing a check. Because these fears tend to be very focused, we continue to use "specific social phobias" to describe this aspect of social anxiety disorder.

A definition of social anxiety disorder was provided in 1994 by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV). DSM-IV defines social anxiety disorder as "a marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or possible scrutiny by others. The person fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing" (p. 416). This means that *the heart of social anxiety disorder is anxiety due to concern about what others might think of you*. The social and performance situations feared by people with social anxiety disorder vary widely, but the most common ones are public speaking, conversations with unfamiliar people, dating, and being assertive. In addition, some individuals with social anxiety disorder are afraid of eating or drinking in front of other people, being the center of attention, talking with supervisors or other authority figures, urinating in a public bathroom (usually only men have this fear), or intimate sexual situations. Regardless of the specific situation, people with social anxiety disorder share a common fear that others will think poorly of them. Sometimes this worry about what others think is related to a fear of displaying a particular anxiety symptom such as blushing or trembling.

The following criteria must be met for an individual to be diagnosed with social anxiety disorder: 1) the person must realize that the fear is excessive and that most people would not be as frightened in a similar situation; 2) the person must avoid the situations that cause anxiety or suffer through them despite great distress; and 3) the social anxiety disorder must interfere with the person's life in important ways (e.g., keep him or her from dating, going to school, doing well at work) or the person must be very upset about having the fears.

Social Anxiety or Social Anxiety Disorder?

Up until now, we have been using the terms social anxiety disorder and social anxiety interchangeably. You might be wondering whether there is a difference between the two. As we just saw, social anxiety disorder is an official label or diagnosis that is based on the specific criteria laid out in DSM-IV. Most mental health professionals recognize that these criteria are fairly arbitrary, but it is helpful to have a standardized definition to assist clinicians and researchers in communicating with each other. Social anxiety is much more loosely defined than social anxiety disorder and simply refers to the distress a person might experience when interacting with or performing in front of other people. As we said earlier, nearly everyone experiences social anxiety sometimes, but it is usually short-lived and does not interfere with the person's life. However, as social anxiety starts to become more severe or is experienced more often and in more situations, then it might be called social anxiety disorder. Because the line between the two is so arbitrary, we will use the terms interchangeably in this book. If you experience social anxiety to the extent that it causes you distress or interferes with things you want to do, then this therapy program is probably for you, regardless of whether you technically meet the criteria for social anxiety disorder.

How Do I Know If This Program Is for Me?

Embarking on any change program requires a commitment of substantial time and energy. Before making that investment, it is important to carefully consider whether you are ready to change and whether a particular program will meet your needs. Assess whether this program is right for you by considering the following questions. These questions present ways in which social anxiety may be negatively affecting your life.

1. Does being nervous or uncomfortable around other people keep you from doing things you want to do?
2. If you are honest with yourself, are you in your present job (or school) because you only have to deal with people you know well? If you are unemployed, have you avoided looking for a job for fear of interacting with others? Have you avoided getting a job or changing jobs because you are anxious about job interviews?

3. Are you not dating because the thought of going out with someone makes you very nervous or because you are afraid of what will happen if you ask someone out?
4. Do you limit how involved you become with people because you are afraid of letting them get to know you? Do you worry that if people really knew you, they wouldn't like you?
5. Do people often comment that you are quiet, unapproachable, or withdrawn in social situations or meetings?
6. Do you find yourself turning down invitations to social events because you know you would feel uncomfortable if you went?
7. If you do make plans to go to a social event or a work activity that involves other people, do you feel relief if it is canceled?
8. Does being the center of attention make you feel very uncomfortable and self-conscious?
9. Do you worry about blushing or looking nervous in front of other people?
10. Are you the sort of person who rarely strikes up casual conversations with store clerks, neighbors, passengers sitting next to you on the bus or plane, classmates, or co-workers from other departments?
11. Do people tell you that you worry too much about what others think of you?
12. Are you uncomfortable eating or drinking with others because you worry about spilling your drink or embarrassing yourself in some other way? Do you worry that you don't have good manners?
13. Do you get so nervous talking to people that your voice sounds odd or quivers or you can't get your breath?
14. Do you like other people and daydream about a better social life but doubt your ability to achieve your dream because you are too shy to really get to know people?
15. Do you have trouble stating your opinion or asking for something you deserve because you worry about what others will think of you?

If you said "yes" to any of these questions and would like to make a change in your life, then this workbook applies to you. Some people will find that almost all of these questions describe them. If that is true for you, then you have discovered that social anxiety is probably limiting. Don't be concerned. Answering yes to lots of the questions just means that you are likely to find this program particularly helpful.

Will This Program Work for Me?

This program is a comprehensive approach to the treatment of social anxiety and social anxiety disorder. This may lead you to ask whether this program is effective and, more important, whether it will be effective for you. Because each person is an individual, with a unique background, personality, and daily living situation, it is impossible to guarantee that this program will help you overcome your social anxiety or social anxiety disorder. That's the bad news. The good news is that there are many reasons to believe that you will see a significant decrease in social anxiety if you follow the procedures carefully. That optimism is based on a large body of scientific research. Let us tell you a bit about that research.

The treatment approach described in this manual was first developed by Dr. Richard Heimberg in the early 1980s, at the time that social anxiety disorder was first officially recognized as a unique type of anxiety problem. In the first carefully controlled scientific study using this treatment, 75% of the participants were rated as having made major improvements in their social anxiety disorder symptoms. The participants reported that they were much less anxious in the situations they had feared prior to treatment. Six months after treatment they came back to the clinic for evaluation and were usually still doing well.

We later contacted as many of the people who had participated in this study as we could locate to see if they continued to do well or if their social anxiety disorder had returned. If the positive effects of treatment "wear off" and a person starts to get anxious again in many social situations, then the treatment has not been long lasting. The results, however, were positive: five years after the treatment, most of the participants we contacted continued to show the benefits of treatment.

Since that first study in the 1980s, there have been at least 10 other scientific studies that have investigated whether the treatment procedures described in this manual (or very similar ones) reduce social anxiety and social anxiety disorder. These studies have included hundreds of participants and have been conducted in the United States, Australia, Great Britain, the Netherlands, and other European countries. Overall, these studies show that most people make significant improvement with the treatment. In the studies we have conducted, about 80% of the participants made substantial progress in treatment.

You might be asking yourself what is "significant improvement" or "substantial progress"? Does that mean the participants overcame all of their social anxiety? Since social anxiety is a normal part of life, it cannot be fully eliminated. However, we use careful scientific criteria to assure that the improvement that people make in treatment is large enough that it leads to important changes in their lives.

When Linda first came to our treatment program, she was 35 years old and working as a clerk in a state office. Linda had graduated from college several years earlier and had taken a number of classes toward a master's degree in social work.

She disliked her current job and was eager to finish her degree so she could pursue her chosen profession. However, Linda was extremely frightened about giving presentations in class and was unable to take any class that required speaking, even informally, in the classroom. She worried that she would stumble over her words, lose her train of thought, and generally appear incompetent and foolish. Linda participated in 12 weeks of the group version of the treatment described in this manual. By the end of therapy, she would get a little nervous at the beginning of a presentation in the group but felt the anxiety was manageable. As treatment ended, she signed up for one of the classes she had been avoiding, and felt fairly confident about being able to complete the required class presentation. Although she thought she might always be a little nervous talking in front of others, Linda felt that she would be able to handle any anxiety that arose. About a year later, she sent her therapists a note reporting that she had finished her social work degree and had found a position she was enjoying.

Jim was a 36-year-old man who had never been married when he sought treatment to help with his anxiety in dating situations. Actually, Jim became anxious almost any time he had to talk with someone, but it was worse with women, and he very much wanted to develop a serious relationship. By the end of three months of treatment, Jim felt much more confident in social situations and had become involved with a singles' outdoor recreational group. He was making an effort to ask women for dates on a regular basis, even if he was only somewhat interested in them. These dates were casual in the sense that Jim did not have to be ready to marry someone to invite that person to a movie. Six months after the end of therapy, Jim reported to his therapist that one of these casual dates had turned into a more serious relationship and they had even begun to discuss marriage.

What Can I Do to Get the Most Out of This Program?

There are no guarantees that the therapy described in this workbook will help you conquer your social anxiety, but scientific research has shown it to be helpful for literally hundreds of people. However, there are some things you can do to help you get as much benefit from a therapy program as possible.

Seriously invest in change. No matter what anyone tells you, making personal changes is hard work! Overcoming social anxiety is no exception. To get as much out of this program as possible, you must invest both your time and your emotional resources. This means setting aside time at least several times a week to work on your social anxiety in addition to participating in a structured therapy session. The work might include doing some of the exercises in this book, talking to someone you wouldn't normally talk with, or practicing the self-help skills you will learn. In fact, the more practice the better, so if you can spend even 20-30 minutes a day, you will see progress.

In addition to investing time, you must invest emotional resources. By this we mean two things. First, some of the exercises in this book will make you uncomfortable or possibly even very anxious. Although it seems a little odd, you must be willing to experience some anxiety in order to overcome it. We have a slogan for this—*Invest Anxiety in a Calmer Future*. This means that you must face your fears in order to overcome them. You do not have to face the worst ones first, but you will have to gradually try some things you have been avoiding. Done systematically, that investment will pay off. Second, you must invest emotionally by being honest with yourself and with your therapist. As you start to analyze some of the thoughts and fears you have about yourself and the world around you, you might find that some of them are embarrassing or seem childish to you. Speak up about them. The thoughts and fears that cause you the most distress are the most important ones to talk about. Not talking about what concerns you makes your therapist's job very difficult.

Do the exercises carefully and practice, practice, practice! All of the exercises in this book have been carefully designed to help you progress through the program step by step. Most exercises build on previous ones, so it is important to do each one carefully. Once you have become an expert at all of the skills, you might find shortcuts that work for you. However, doing the procedures carefully at first will assure that you have all the tools needed to cope with the anxiety you might experience as you try the more advanced procedures. The more you rehearse the exercises, the more quickly the skills you learn will become new habits that replace old, problematic habits. And one of the best things about habits is that they require very little effort.

Persevere. If you are like most people, you have had problems with social anxiety for a long time, maybe even most of your life. If overcoming social anxiety were easy, you would have done it already. That is why it is important to stick with the program even if it does not seem to be working right away. We have included techniques to monitor your progress. Change usually starts slowly, so pay attention to small improvements. Small improvements usually lead to larger ones with time, patience, and practice.

Be kind to yourself. It is easy to focus on what you want to change or things you don't do as well as you would like. It is not always easy to give yourself credit for your efforts. As you work through the program, give yourself a pat on the back as often as possible. Look for things you are making progress on and celebrate them rather than beating yourself up for not yet reaching other goals. Later we will devote a lot of attention to "disqualifying the positive" because individuals with social anxiety are often their own worst critics. Most people find that being critical of themselves doesn't help them change. It just makes them feel miserable!

Be willing to try new ways and give up old ways of dealing with your social anxiety. If you have been using drugs or alcohol to help control your anxiety, discuss that openly and honestly with your therapist. This program is

unlikely to work if you rely more on drugs or alcohol than the procedures you will be learning. If you use alcohol or street drugs like marijuana to control your anxiety, be honest with yourself and your therapist about how much you drink or smoke. If you cannot do the exercises without “chemical assistance,” then you should seriously consider seeking treatment for the substance abuse problem as well.

If you take prescription medication for anxiety on an “as needed” basis, try not to take it when you are doing the exercises, especially the ones that ask you to try to enter new situations. If you take prescription medication for anxiety on a daily basis, discuss with your therapist or physician whether you should stop or reduce the medication before beginning this program. If you are still experiencing social anxiety despite the medication, you might be able to continue the medication for now as you try this treatment. However, these are complicated decisions that should be made on an individual basis, so it is important to discuss them frankly with your therapist. See Chapter 14 for further discussion about medications in the treatment of social anxiety.

To a great extent, whether this program works for you is under your control. If you are honestly ready to invest the time and energy in change and work carefully through the program, our experience treating hundreds of people suggests that you will be able to overcome your social anxiety. If at this point you (or you and your therapist) agree that this approach would be helpful to you, take a deep breath and we'll start this exciting journey together.

Overview of This Treatment Program

This client workbook describes a step-by-step therapy approach for overcoming social anxiety and social anxiety disorder. It is designed to be used while working with a therapist who has been trained to use cognitive-behavioral treatment for social anxiety. Scientific studies show that therapy that uses this approach is effective. If you are reading this workbook and are not in therapy, you may use it to consider whether or not to seek a therapist at this time.

Chapters 2 and 3 provide background information on social anxiety and social anxiety disorder and on related problems like shyness. These chapters will develop a common language that is used in the rest of the manual and will help you understand that many other people experience the same discomfort that you do around people. Chapter 2 also explains how what you do and what you think work together to keep you from overcoming your fears. Most important, Chapter 3 explains the rationale behind the program—what needs to change in order for you to feel more comfortable in the situations that currently make you nervous.

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