Expanding the Phenomenology of Social Anxiety Disorder: Loneliness, Absence, and Bodily Doubt

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Commentary

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Kristiansen's "Feeling like a perpetual outsider: relationality in Social Anxiety Disorder" offers a valuable analysis of loneliness within social anxiety disorder (SAD). Although phenomenological psychopathology has given extensive attention to conditions like schizophrenia, depression, and disordered eating, a more nuanced phenomenological examination of SAD is needed (Bortolan, 2023; Tanaka, 2020; Trigg, 2016). Kristiansen's work addresses this deficit and contributes to broader philosophical and phenomenological discussions of loneliness, including recent work on loneliness within psychopathology (e.g., Krueger et al., 2023; Motta, 2021; Roberts & Krueger, 2021; Seemann, 2022).

We propose that first-person narratives illuminate two additional, phenomenologically and clinically relevant aspects: *bodily doubt* and *experiences of absence*. Understanding these aspects enriches our descriptive understanding of SAD and potentially informs more effective treatment strategies.

Kristiansen's Tripartite Model of SAD

Kristiansen's tripartite model outlines the experience of SAD.

1. **Impenetrability:** Individuals struggle with the tacit rules of social interaction others take for granted, leading to a feeling of being unable to participate in a spontaneous or authentic way.

2. **Performativity:** A performative mode of engagement arises, characterized by self-censorship, rumination, and attempts to project an image of social ease that hides one's anxiety.

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3. **Fear of Exposure:** The affective strain of performativity generates a persistent anxiety about being found out as socially inept, which reinforces feelings of loneliness and alienation from self and others.

Together, Kristiansen argues, these three aspects generate the anxiety and loneliness at the heart of SAD. They lead to deep feelings of estrangement both from oneself and the social world.

Expanding the Phenomenology of SAD: Bodily Doubt and Experiences of Absence

We find Kristiansen's analysis convincing. However, we argue that it can be enriched by considering two additional interrelated aspects of SAD: bodily doubt and experiences of absence.

When we are ill, injured, or feel our physical abilities diminish with age, we may experience what Carel terms "bodily doubt": an experience of "unreality, detachment, and estrangement" in which we feel alienated from our physical and social environments, and our trust in our body and agency "is displaced by feeling of helplessness, alarm, and distrust" (Carel, 2013, p. 184). We might be increasingly hesitant to walk up or down stairs, drive at night, or climb ladders and lift heavy objects. For Carel, bodily doubt involves a loss of *continuity* (with one's body as it smoothly interacts with the world); *transparency* (the body becomes an impediment instead of a vehicle for action); and *faith* (in one's agential capacities and the possibilities they present) (*ibid*., pp. 188–192).

Bodily doubt has a world-directed aspect. We experience uncertainty, even absence, where possibilities once reliably existed. When we are ill or physically weakened due to age, stairs are *no longer climbable*, the pub several blocks away *no longer walkable*, or large, noisy social situations *no longer attendable*.

Roberts and Osler (2024) extend Carel's analysis of bodily doubt to include *social doubt*: a loss of confidence and trust in one's embodied capacities as a social being. Social doubt can be fleeting, such as when we are unsure whether to greet someone with a handshake or hug, or when two people passing in a corridor repeatedly step in the same direction. But social doubt also involves longer-term breakdowns. Much like illness or age can lead someone to doubt their bodily abilities, social doubt can lead someone to doubt their ability to navigate social interactions smoothly and limit their ability to perceive possibilities for connection and intimacy.

Importantly for present considerations, social doubt has a bodily aspect. A shy person experiencing social doubt may doubt her ability to exercise the practical skills characterizing competent social interaction. She may feel her own hesitancy to sustain eye contact, gesture and laugh naturally, or adopt an open and expressive posture. She may also become hyper-aware of others' gaze, which intensifies her awareness of her *own* body (the way she speaks, gestures, stands, breathes), further disrupting the continuity and transparency of her interactions.

The important point is that experiences of social doubt like feeling shy are not explicit thought-like mental states. They are the feeling of being less-than-optimally attuned to a social environment and experiencing an absence of bodily and social opportunities available to others within that environment (Roberts & Osler, 2024, p. 55).

We find instances of bodily doubt in many of Kristiansen's reports. Claire describes her experience of attending a baby shower this way: "I don't know where to go and people are moving about around me and are laughing and having fun and I am not part of it, I am just there *alone*." Her description highlights how she feels bodily out-of-sync with that situation, and the way this bodily doubt limits her sense of social possibilities ("It feels like there is a club here that I'm not part of and can't force being part of").

When Olivia says she's unable to "crack the code of conduct", she does not appear to be speaking primarily of grasping the explicit rules, scripts, or norms governing different social situations. She seems to refer to a sense of not *bodily* fitting in: "It doesn't come *naturally* to me [. . .] like it comes naturally to others stepping into that dynamic. It's just "rolling," then". Part of her hesitation comes from not knowing "exactly what to say." But a significant part of her social estrangement starts from a more basic feeling of bodily disconnectedness.

The *performativity* Kristiansen analyzes further emphasizes the importance of bodily doubt for understanding SAD. Olivia describes eating slowly as one bodily strategy to avoid having to speak, which would reveal her anxiety and "break the harmony" of the social ambiance around her. Ellen speaks of the toll her ongoing self-censoring takes: "It becomes a destruction of personal traits." Similarly, both Alexander and Caroline report that their bodily doubt, articulated by performing being socially at ease when they don't feel that way, creates anticipatory anxiety that takes a significant emotional and physical toll. Alex says that "Even when I feel it's going well, I'm almost just as tense." Needing a bodily release from her performativity, Caroline eventually breaks down and cries at a party.

Many of the reports in Kristiansen's analysis, we suggest, describe bodily doubt: a loss of bodily continuity, transparency, and faith in one's agential capacities and the possibilities they present. Moreover, the intense self-monitoring many individuals describe—not just speech or language but also bodily sensations, gestures, facial expressions, and so on—can, we propose, further undermine the embodied confidence necessary for social interaction and reinforce individuals' anticipatory anxiety. These reports also highlight a dissociative element connected to bodily doubt. As Kristiansen observes, this dissociative performativity likely serves a protective function (i.e., not wanting to be exposed as socially anxious or out of sync). But it may also further exacerbate the alienation individuals feel, both from themselves and the social world, intensifying their anxiety and loneliness.

Clinical Significance

Recognizing bodily doubt and experiences of absence deepens our phenomenological understanding of SAD by highlighting some clinically significant themes.

Hyperfocus on the Body

As Kristiansen's narratives indicate, SAD can lead to intense self-scrutiny, a hyper-reflexive turning inward leading to a constant monitoring of one's body. Every perceived flaw, from saying the wrong thing to a mistimed laugh, gesture, or smile, can be a source of intense worry and judgment. People with SAD may also interpret normal bodily sensations (blushing, racing heartbeat) as signs that others can see their anxiety and are negatively evaluating them, undermining the individual's bodily confidence and amplifying their feeling of bodily betrayal. This fear may feed into and intensify their anticipatory anxiety.

Dissociation and Avoidance

To cope with their anxiety, individuals might further dissociate from how their body feels, reinforcing a sense of detachment, diminished embodiment, and estrangement. And these feelings may, in turn, lead to diminished sense of presence within social settings and deepen their sense of loneliness, even when in the physical presence of others. This diminished sense of presence might further compel individuals to increasingly avoid social situations altogether and limit the spontaneity and naturalness of their self-expression (e.g., movements, gestures, etc.) due to fear of being negatively judged.

In this way, a focus on bodily doubt and experiences of absence brings additional phenomenological texture to Kristiansen's tripartite analysis. It also provides further support for Kristiansen's idea that contrary to the cognitive-behavioral (CBT) model, loneliness and a sense of estrangement within SAD are not necessarily *by-products* of the individual's preoccupation with negative evaluation from others. Rather, they are rooted in something more fundamental about the form of their *embodied encounter* with others and the social situations they share. It therefore suggests the need to explore alternative forms of intervention that help recalibrate the bodily continuity, transparency, and faith that have been diminished or lost. For example, mindfulness techniques may increase an individual's awareness of, and comfort within, their body and unique forms of self-expression as they move through the social worlds of everyday life, and perhaps prove more effective than CBT strategies.

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