

Name avoidance in social anxiety: Understanding alexinomia

Thomas Ditye^{a,b,*} , Mara Sartorio^a, Lisa Welleschik^{b,c}

^a Faculty of Psychology, Sigmund Freud University, Vienna, Austria

^b Association for Psychotherapy, Counselling, Supervision and Group Facilitation, Vienna, Austria

^c Institute for Person-Centered Studies, Vienna, Austria

ARTICLE INFO

Keywords:

Social anxiety
Social phobia
Fear
Names
Name avoidance
Alexinomia

ABSTRACT

Emerging evidence suggests that certain individuals are unable to address others by name, presumably owing to anxiety experienced in social situations. This fear of using personal names has been termed *alexinomia* and occurs in all forms of relationships and communication. The symptoms of alexinomia show large overlap with the symptoms typically associated with social anxiety, raising the question of whether social anxiety could be the main driving factor of this type of name avoidance. Here, we investigated the relationship between alexinomia and social anxiety by testing name avoidance behavior in a sample of 190 participants with varying degrees of social anxiety. Results showed a strong positive relationship between these two variables. High levels of social anxiety, as measured by two independent standardized psychological instruments (i.e., the Social Interaction Anxiety Scale and the Liebowitz Social Anxiety Scale), were associated with higher degrees of fear-based name avoidance. This was shown by regression analysis as well as analyses of group differences. The findings indicate that alexinomia could be a common symptom in socially anxious individuals that so far has not been discussed in the psychological literature on social anxiety.

1. Introduction

The fear of saying personal names has recently been established under the term *alexinomia* (Bergert et al., 2024; Ditye et al., 2023; Welleschik, 2019). Alexinomia is characterized by an inability to say other people's names and to use names actively in communication. It is not a neurological, cognitive, or language impairment. Instead, affected individuals experience anxiety when attempting to address others (for example when saying "Hi Robert!" or "Anna, what do you think?"), as the act of saying a name feels too intimate. The behavior can affect all kinds of relationships, with a propensity for being more pronounced in closer relationships. It occurs in all forms of communication but is strongest in direct verbal communication (Ditye et al., 2023). The negative feelings associated with addressing others result in extensive avoidance behaviors which oftentimes includes trying to omit personal names from both direct and indirect communication. Alexinomia has been shown to occur in many parts of the world, as indicated by the results of a recent analysis of internet materials (Bergert et al., 2024), however is likely to be geographically diverse depending on language and culture.

Findings from recent research suggest that social anxiety could be

one of the primary causes of alexinomia. In a study investigating 13 individuals affected by alexinomia all participants of the sample fulfilled the criteria for a high likelihood of social anxiety as measured by a standardized psychological test, i.e. the Social Interaction Anxiety Scale (SIAS), (Ditye et al., 2023). Evidence for this potential link was substantiated by an analysis of verbal reports from people practicing this type of name avoidance gathered through interviews and online materials in the English language (Bergert et al., 2024). In these reports, persons affected by alexinomia frequently reported feelings of shame and embarrassment in relation to saying names, general feelings of inadequacy and insecurity in social situations, signs of social anxiety in childhood such as shyness and frequent blushing, difficulty in verbally expressing feelings and affection, and discomfort when being the center of attention. These characteristics mentioned in the context of impaired name saying are all typical symptoms in social anxiety.

Social anxiety disorder (SAD; also known as social phobia) is one of the most common anxiety disorders classified in the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V; American Psychiatric Association, 2013) and the International Classification of Diseases 11 (ICD-11; World Health Organization, 2022). Its main characteristic is the fear and avoidance of the scrutiny of others (Stein & Stein, 2008).

* Corresponding author at: Faculty of Psychology, Sigmund Freud University, Vienna, Austria
E-mail address: thomas.ditye@sfu.ac.at (T. Ditye).

The most common scenarios where social anxiety occurs are social interactions (e.g., talking to a group of unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g. speaking in public). In such situations, individuals fear that they will act in a way or show anxiety symptoms that will be negatively evaluated by others. These situations are usually considered humiliating or embarrassing, and – in the perception of the individual – may lead to rejection or offend others (American Psychiatric Association, 2013). As a consequence such situations are avoided whenever possible or endured only with intense discomfort (Stein & Stein, 2008). Social anxiety can have a major impact on general quality of life (Wittchen & Beloch, 1996) and has been suggested to originate from genetic, family, other environmental, and developmental factors (Hudson & Rapee, 2000).

With respect to alexinomia, the category of fears and anxieties related to direct social interactions, specifically talking to others, seems most relevant. Socially anxious individuals often display a general difficulty speaking and tend to do so in a very quiet or shaky voice. Eye contact is often avoided as are behaviors that draw attention to the affected person. The act of saying someone's name or calling a name over a distance can therefore, easily be seen as an example of a behavior that may be inhibited or even be impossible to perform for someone with social phobia. Addressing others by their name is a very powerful and direct means to establish contact (Horne, 1986). Calling a name with a loud voice to get someone's attention or deliberately increasing the level of intimacy in a conversation by using the other person's name are important social cues and tools to regulate closeness and distance (Aldrin, 2016; Elchardus & Siongers, 2011). Personal name use is required by social convention in many situations as an act of respect, politeness, and practicality (e.g. greeting a friend; introducing someone to someone else; directing a statement to someone specific in a group; referring to absent others; etc.), at least in, but not limited to, English-based Western cultures (Anchimbe, 2011). Considering the significant social value of names it can be assumed that individuals with social anxiety may have troubles with saying personal names. Very surprisingly, however, this specific potential symptom of social anxiety - to our knowledge - has never been discussed in psychological literature outside the context of recent research on alexinomia.

In this previous research, individuals affected by alexinomia reported symptoms and experiences similar to the symptoms of social anxiety when trying to say names (Ditye et al., 2023). Psychometric testing of these individuals confirmed increased levels of social anxiety and together, these findings suggest a link between these two variables. However, the research was based on a small number of individuals and the selection criteria was the presence of alexinomia-related symptoms, not social anxiety. At this point it is unknown if individuals with name saying difficulty have a tendency for increased levels of social anxiety or whether alexinomia could be a core symptom of social anxiety that has been so far overlooked.

To specifically test the relationship between social anxiety and alexinomia, in this study, participants with varying degrees of social anxiety were tested for name avoidance behaviors. We hypothesized that social anxiety might be one of the main driving factors in alexinomia.

2. Materials and methods

2.1. Ethics of data collection

All participants gave written informed consent for inclusion before their participation in the study. All procedures were approved by the Sigmund Freud University (SFU) ethics committee.

2.2. Participants

One hundred and ninety participants (143 female, 40 male, 7 non-binary) with a mean age of 30.3 years ranging from 18 to 71 years

took part in the study. Participants were recruited randomly at university as well as on online platforms dedicated to psychological topics to yield a sample of participants displaying varying degrees of socially anxious traits. All participants were told they were volunteering in a study investigating anxious social behavior. A clinical diagnosis of SAD was not a criteria for inclusion, rather we tested the occurrence of symptoms typical for social anxiety in an otherwise healthy (i.e., non-clinical) sample.

2.3. Psychometric measures

Participants were tested with two standardized psychological tests measuring social anxiety and a questionnaire created by the authors measuring the symptoms of alexinomia. These instruments were: (1) *Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998)*, a validated instrument to assess the degree of psychological distress when interacting with other people and the presence of social interaction anxiety defined as generalized irrational fears across numerous social situations with avoidance and impairments (20 items; possible scores range from 0 to 80; Cronbach Alpha $>.88$); (2) *Liebowitz Social Anxiety Scale (LSAS-SR, Rytwinski et al., 2009)*, measuring anxiety and avoidance in relation to social interactions and performance situations. The scale includes 24 items which are answered twice and generate a score between 0 and 140. According to the scores of the LSAS-SR individuals can be classified into five groups: no social phobia, mild, moderate, severe, and highly severe social phobia (Tyrała et al., 2015). The LSAS-SR is a valid and reliable instrument (Cronbach's alpha of .9 to .96); (3) *Alexinomia Questionnaire (AQ)*, an unpublished self-report questionnaire to measure symptoms related to anxious name saying behavior. The instrument includes 24 items which were derived from a larger pool of items generated based on the results of previous qualitative research (Bergert et al., 2024; Ditye et al., 2023). Items are rated on a 5-point Likert scale to indicate the degree of agreement with each statement (for example: "I get nervous when trying to address someone by their name"). Content validity of the current version of the instrument has been established based on the ratings of three independent experts who assessed the quality of the items and their representativity to measure alexinomia as well as with individuals who were self-reportedly affected by alexinomia ($n = 30$). Factor analysis confirmed the AQ assesses the subjective experience of not being able to say names including the presence of physical symptoms, avoidance behavior, and the use of compensation strategies. The reliability of the scale was confirmed by a Cronbach's Alpha of $>.9$, indicating excellent internal consistency. Possible scores in the AQ range from 0 to 96.

2.4. Procedure

Following recruitment, participants were provided a link to an online questionnaire via email. The questionnaire was realized using the social sciences testing platform SoSci (Leiner, 2019) and included four parts in the following order: Demographics, SIAS, LSAS-SR, and AQ. Participants were instructed to self-administer the questionnaire and complete it in a quiet environment with no external or internal disturbances and without interruptions. Completing the questionnaire took about 15 minutes and data processing was completely anonymous.

2.5. Data analysis

All statistical analyses were conducted using IBM SPSS Statistics for Macintosh, Version 29.0. The significance level was set to $p \leq .05$. Sociodemographic data were reported in frequencies and percentages. Statistical analyses included a regression analysis to test for a relationship between social anxiety and alexinomia across the entire sample. An independent sample *t*-test was calculated to compare groups with high vs. low levels of social anxiety (as indicated by the SIAS) and a one-way analysis of variance (ANOVA) was calculated to compare groups with

various degrees of social anxiety (as indicated by the LSAS-SR). Bonferroni-corrected post-hoc tests were used for pairwise comparisons, Cohen's *d* and partial eta squared were used as measures of effect size.

3. Results

3.1. Demographics

First, an investigation of demographic variability beyond age and gender showed that the highest level of education in the sample was compulsory schooling in 3.2 % of participants, apprenticeship (6.3 %), high school (32.1 %), and university (58.4 %). Since the study investigated social behaviors, participants' relationship status was also of interest: 47.9 % of participants stated they were single, 35.8 % were in a relationship, 10.5 % married, 5.3 % divorced, and 0.5 % widowed. Table 1 shows the distribution of the demographic variables gender, age, education, and personal status and their relationship to the presence of social anxiety.

3.2. Distribution of social anxiety

Next, the distribution of the likelihood of social anxiety in the participants was assessed. According to the SIAS, 129 out of 190 or 67.9 % of participants showed a high likelihood for the presence of social anxiety. According to the LSAS-SR 93 or 48.9 % participants fulfilled the criteria for social anxiety with the following distribution across severity categories: Mild (16 or 8.4 %), moderate (33 or 17.4 %), severe (16 or 8.4 %), and highly severe (28 or 14.7 %). Eighty-eight or 46.3 % of participants were likely to be affected by social anxiety according to both (i.e. SIAS and LSAS-SR) measures (Table 1). Participants' scores in both measures of social anxiety were highly positively correlated ($N = 190$; $r = .78$; $p < .001$) indicating a high validity of the used instruments.

3.3. Association between social anxiety and alexinomia

A linear regression analysis was calculated to test for the effects of social anxiety on alexinomia. For this purpose, the scores from both social anxiety measures were combined into a total social anxiety score by calculating the sum of SIAS and LSAS-SR scores. Based on Leverage

Table 1

Absolute and relative frequencies of the demographic variables age, gender, education, and personal status and their relation to social anxiety.

	Social Anxiety		Total
	Low Likelihood	High Likelihood	
Gender			
Male	23 (57.5 %)	17 (42.5 %)	40
Female	78 (54.5 %)	65 (45.5 %)	143
Non-binary	1 (14.3 %)	6 (85.7 %)	7
Age			
18–24	53 (71.6 %)	21 (28.4 %)	74
25–34	40 (54.8 %)	33 (45.2 %)	73
35–44	3 (20 %)	12 (80 %)	15
45–54	4 (25 %)	12 (75 %)	16
55–64	2 (18.2 %)	9 (81.8 %)	11
65 or over	0 (0 %)	1 (100 %)	1
Education			
Apprenticeship	4 (33.3 %)	8 (66.7 %)	12
Compulsory Schooling	1 (16.7 %)	5 (83.3 %)	6
High School	32 (52.5 %)	29 (57.5 %)	61
University	65 (58.6 %)	46 (41.4 %)	111
Personal Status			
Single	48 (52.7 %)	43 (47.3 %)	91
In a Relationship	43 (63.2 %)	25 (36.8 %)	68
Married	8 (40 %)	12 (60 %)	20
Divorced	2 (20 %)	8 (80 %)	10
Widowed	1 (100 %)	0 (0 %)	1
Total	102 (53.7 %)	88 (46.3 %)	190

values and Cook's distances no outliers were found. Regression analysis with *Social Anxiety Total Score* ($M = 99.29$; $SD = 43.74$) as the predictor and *Alexinomia Score* ($M = 25.92$; $SD = 22.47$) as the dependent variable showed that social anxiety significantly predicted alexinomia, $F(1188) = 49.64$, $p < .001$. The R^2 for the overall model was .21, indicating that the model explained 21 % of the variance in alexinomia. The regression coefficient *B* for Social Anxiety Total Score was .24, with a standard error of .03. This indicates that for each additional point on the anxiety scale, there was an average increase of 0.24 units in alexinomia ($t = 7.05$, $p < .001$) (Fig. 1).

This finding was confirmed by an independent samples *t*-Test testing for group differences between participants with a low vs. a high likelihood of social anxiety according to the SIAS. The SIAS cutoff score for this comparison was ≥ 36 . The group with a low likelihood of social anxiety ($N = 61$; $M = 14.26$; $SD = 15.94$) displayed significantly lower scores in alexinomia than the group with a high likelihood of social anxiety ($N = 129$; $M = 31.43$; $SD = 23.01$), $t = 5.25$; $p < .001$; Cohen's $d = 0.87$ (Fig. 2). Similarly, group analyses of LSAS-SR scores were conducted to compare the following groups: no social anxiety ($N = 97$; $M = 16.20$; $SD = 16.49$), mild ($N = 16$; $M = 36.81$; $SD = 21.32$), moderate ($N = 33$; $M = 32.33$; $SD = 22.13$), severe ($N = 16$; $M = 39.13$; $SD = 22.65$), and highly severe ($N = 28$; $M = 38.29$; $SD = 27.07$) social anxiety. A one-way ANOVA showed a highly significant effect of the factor *social anxiety*, $F(4, 185) = 11.86$, $p < .001$, $\eta^2 = .20$, indicating a significant difference between the groups. Bonferroni-corrected post-hoc analysis to investigate this effect revealed a significant difference between no social anxiety and all other groups: mild ($p = .002$), moderate ($p = .001$), severe ($p < .001$), and highly severe ($p < .001$). There were no other significant differences between groups (all $ps > .05$; Fig. 3).

4. Discussion

These findings provide evidence for a strong positive relationship of social anxiety and alexinomia. Study participants who were more strongly affected by the problem of not being able to say personal names, were more likely to display an increased amount of symptoms of social anxiety. These were mainly defined as fears of rejection and being judged by others for something one says or does in social interactions. This main finding based on a large quantitative sample is well in line with what was suggested in previous qualitative research on alexinomia with fewer participants (Bergert et al., 2024; Ditye et al., 2023).

The pertinent question now is whether alexinomia is a common symptom in social anxiety that has been overlooked in psychological research or whether it is a distinct psychological phenomenon that covaries with social anxiety sharing certain characteristics. There are strong arguments to support the claim of alexinomia being a specific social anxiety symptom. The descriptions of the experiences of people affected by alexinomia show large overlap with what socially anxious individuals are experiencing in specific and generalized social situations. The most prevalent symptoms that these two groups share are negative emotions in certain social situations (especially shame and embarrassment), autonomic reactions (i.e. speaking with a shaky voice and frequent blushing), a fear that these symptoms could be noticed by others, and hence the avoidance of situations that could trigger such experiences. As to the specificity of the symptom, alexinomia describes a very distinct behavior (i.e. the avoidance of saying names). While it seems to co-occur with other socially anxious behaviors in some, our data indicates it can also occur independently in others. Not everyone who practices name avoidance seems to show other socially anxious traits. Likewise not everyone experiencing social anxiety has troubles saying names. This pattern of results is also very much in line with our knowledge on generalized versus specific social anxiety. While the diagnosis of a generalized social anxiety disorder depends on the presence of fears in *most social situations* (American Psychiatric Association, 2013), the fears in other forms of social anxiety can be rather specific to

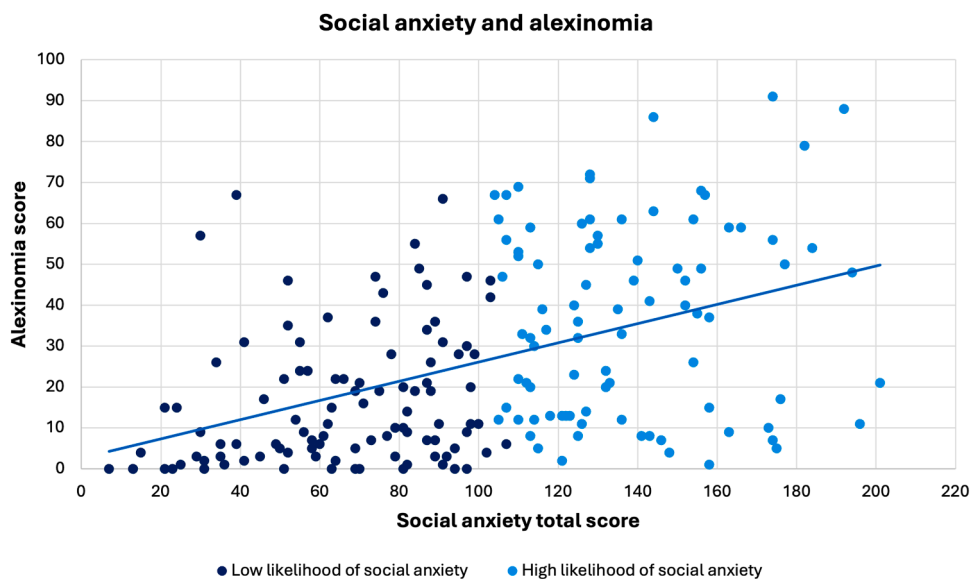


Fig. 1. The relationship of social anxiety and alexinomia. The data of all participants ($N = 190$) are shown. Social anxiety total score is the sum of both measures of social anxiety, SIAS and LSAS-SR. A high likelihood of social anxiety is indicated in lighter blue for participants with scores above the cut-off for the presence of social anxiety in *both* measures.

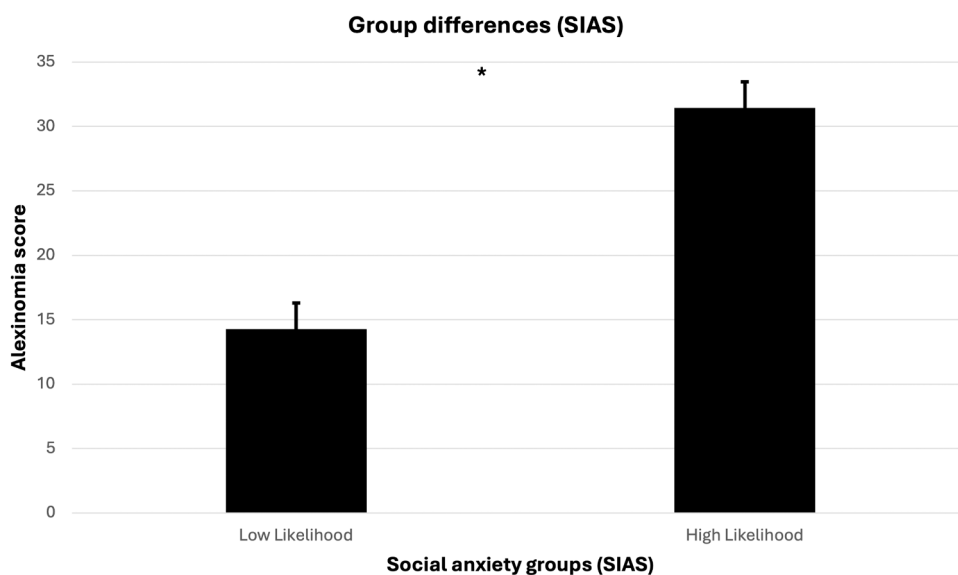


Fig. 2. Differences in alexinomia according to different levels of social anxiety as measured by the SIAS. * $p < .001$.

certain situations (e.g. a person can be comfortable talking to others in a one-on-one setting but get anxious when talking in groups) (Vriends et al., 2007). There is an ongoing debate on whether fears that are highly specific to only one social situation should be considered a distinct subtype of social anxiety, as is the case with performance anxiety (World Health Organization, 2022) and paruresis (Vythilingum et al., 2002, but also see Hammelstein & Soifer, 2006). Alexinomia aligns with both descriptions, as there is evidence for both specificity to name saying and a direct link to other symptoms of social anxiety. Another aspect of the specificity of alexinomia is whether name avoidance occurs in all social situations that require saying other people’s names (i.e. generalized) or only in some situations (i.e. specific). The data from the present study do not provide a conclusive answer to this question, however, findings from previous studies suggest that for most affected individuals name avoidance occurs in all social situations *with a certain person*. Therefore, alexinomia can be considered to be specific to certain relationships rather than generally “social”. The key variable in this context seems to

be the degree of intimacy and closeness between individuals between whom alexinomia and/or social anxiety occurs. Traditionally, social anxiety has been mainly studied in interactions with strangers and was considered likely to diminish or even disappear in more comfortable social settings with familiar people, such as close friends and family. However, more recent studies have shown that social anxiety can occur in close relationships such as with friends and romantic partners (Davila & Beck, 2002; Rodebaugh, 2009). This is similarly found in our research on alexinomia showing that it is strongest in close relationships, especially romantic ones, and may be less severe in more distant relationships, such as work relationships or relationships with superficial acquaintances (Ditye et al., 2023). Taken together, these three key features of alexinomia (i.e., its general characteristics, its specificity, and the type of relationships in which it occurs) largely overlap with certain manifestations of social anxiety, suggesting alexinomia is a common symptom in affected individuals.

There are certain clinical implications of this study for our

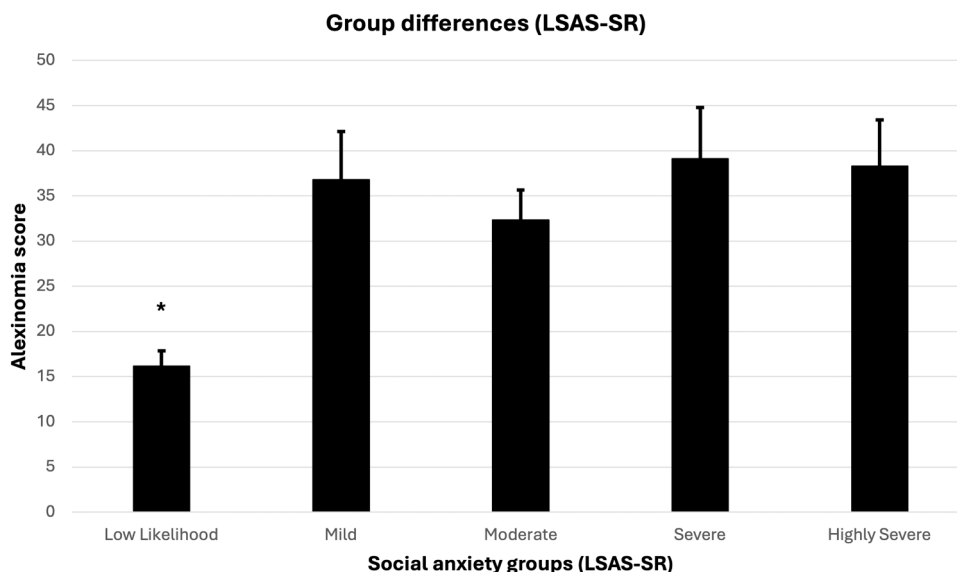


Fig. 3. Differences in alexinomia according to different levels of social anxiety as measured by the LSAS-SR. * $p < .001$.

understanding of social anxiety, its diagnosis, and treatment. The importance of intimacy and closeness in relationships affected by alexinomia adds to a growing body of evidence suggesting that social anxiety is at least partly rooted in attachment insecurities (Manning et al., 2017). This emphasizes the significance of early childhood relationship experiences as a potential causal factor of social anxiety. Moreover, our findings could be the start of a discussion around adding alexinomia symptoms to assessments of social anxiety. To support this discussion it is necessary to reliably measure the prevalence of alexinomia in socially anxious individuals as well as in samples with other psychological disorders. Therefore, a standardized, clinical tool is urgently needed for its diagnosis. Finally, the treatment of social anxiety could benefit from an awareness of alexinomia, therefore facilitating empathetic understanding and learning to regulate anxiety symptoms by focusing on this additional specific context.

We did not test a purely clinical sample with a clinical diagnose of SAD. Instead, social anxiety, i.e. the likelihood for the presence of social anxiety as measured by the standard psychological instruments SIAS and LSAS-SR, was assessed in a non-clinical sample. Also, owing to the lack of validated clinical psychological instruments for the assessment of the presence and the severity of alexinomia the study relied on the measurements by a self-report questionnaire created by the authors which could be subject to self-report bias. Therefore our sample was not divided into groups of participants affected versus unaffected by alexinomia. Rather, the presence of alexinomia-related symptoms was assessed on a continuous scale with no available cut-off scores, making it impossible to generate meaningful conclusions on the absolute prevalence of alexinomia in socially anxious individuals. There was a higher number of female participants compared to male, making it difficult to generalize our results to all genders. Such a bias is frequent in research on social anxiety as the condition is more common in women (American Psychiatric Association, 2013; World Health Organization, 2022). Future research should take these limitations into account and employ an experimental design to directly test the relationship of alexinomia and social anxiety in a clinical sample and compare distinct groups of individuals based on alexinomia severity.

Finally, in addition to its relationship to social anxiety, alexinomia has also been suggested to be affected by or associated with other psychological factors including selective mutism and autism (Bergert et al., 2024; Ditye et al., 2023; Welleschik, 2019). These topics provide additional promising directions for future research in the attempt to better understand this newly described fear of saying other people's personal

names.

5. Conclusions

Testing the relationship between alexinomia – the fear of calling others by their personal names – and social anxiety (also known as social phobia) in a non-clinical sample our results indicate a strong positive relationship between these two variables. Participants with high scores in social anxiety exhibited high scores in alexinomia and vice versa. These findings can be interpreted as evidence for alexinomia as an important symptom in social anxiety. The study adds to the conception of social anxiety being rooted in attachment and suggests that social anxiety is likely to constitute one of the primary factors in the development of alexinomia.

CRedit authorship contribution statement

Thomas Ditye: Writing – review & editing, Writing – original draft, Visualization, Supervision, Project administration, Formal analysis, Conceptualization. **Mara Sartorio:** Writing – review & editing, Formal analysis, Data curation. **Lisa Welleschik:** Writing – review & editing, Writing – original draft, Conceptualization.

Declaration of Competing Interest

None.

Acknowledgements

We thank Alexis Bergert for proof reading the revised version of the manuscript.

Data availability

Data will be made available on request.

References

- Aldrin, E. (2016). In C. Hough (Ed.), *Names and Identity*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199656431.013.24>.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)*. American Psychiatric Association. <https://doi.org/10.1176/appi.books.9780890425596>

- Anchimbe, E. A. (2011). On not calling people by their names: Pragmatic undertones of sociocultural relationships in a postcolony. *Journal of Pragmatics*, 43(6), 1472–1483. <https://doi.org/10.1016/j.pragma.2010.10.013>
- Bergert, A., Welleschik, L., & Ditye, T. (2024). “Why can’t I say people’s names?” Alexinomia as a widespread psychological phenomenon. *Acta Psychologica*, 246, Article 104279. <https://doi.org/10.1016/j.actpsy.2024.104279>
- Davila, J., & Beck, J. G. (2002). Is social anxiety associated with impairment in close relationships? A preliminary investigation. *Behavior Therapy*, 33(3), 427–446.
- Ditye, T., Rodax, N., & Welleschik, L. (2023). Alexinomia: The fear of using personal names. *Frontiers in Psychology*, 14, Article 1129272. <https://doi.org/10.3389/fpsyg.2023.1129272>
- Elchardus, M., & Siongers, J. (2011). First names as collective identifiers: an empirical analysis of the social meanings of first names. *Cultural Sociology*, 5(3), 403–422. <https://doi.org/10.1177/1749975510390748>
- Hammelstein, P., & Soifer, S. (2006). Is “shy bladder syndrome” (paruresis) correctly classified as social phobia? *Journal of Anxiety Disorders*, 20(3), 296–311. <https://doi.org/10.1016/j.janxdis.2005.02.008>
- Horne, M. D. (1986). Potential significance of first names: a review. *Psychological Reports*, 59(2), 839–845. <https://doi.org/10.2466/pr0.1986.59.2.839>
- Hudson, J. L., & Rapee, R. M. (2000). The origins of social phobia. *Behavior Modification*, 24(1), 102–129. <https://doi.org/10.1177/0145445500241006>
- Leiner, D. J. (2019). *SoSci survey* (Version 3.1.06) [Computer software].
- Manning, R. P. C., Dickson, J. M., Palmier-Claus, J., Cunliffe, A., & Taylor, P. J. (2017). A systematic review of adult attachment and social anxiety. *Journal of Affective Disorders*, 211, 44–59. <https://doi.org/10.1016/j.jad.2016.12.020>
- Mattick, R. P., & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. *Behaviour Research and Therapy*, 36(4), 455–470. [https://doi.org/10.1016/S0005-7967\(97\)10031-6](https://doi.org/10.1016/S0005-7967(97)10031-6)
- Rodebaugh, T. L. (2009). Social phobia and perceived friendship quality. *Journal of Anxiety Disorders*, 23(7), 872–878.
- Rytwinski, N. K., Fresco, D. M., Heimberg, R. G., Coles, M. E., Liebowitz, M. R., Cissell, S., Stein, M. B., & Hofmann, S. G. (2009). Screening for social anxiety disorder with the self-report version of the Liebowitz Social Anxiety Scale. *Depression and Anxiety*, 26(1), 34–38. <https://doi.org/10.1002/da.20503>
- Stein, M. B., & Stein, D. J. (2008). Social anxiety disorder. *The Lancet*, 371(9618), 1115–1125. [https://doi.org/10.1016/S0140-6736\(08\)60488-2](https://doi.org/10.1016/S0140-6736(08)60488-2)
- Tyrała, K., Seweryn, M., Bonk, M., Bulska, W., Orszulak, K., Bratek, A., & Krysta, K. (2015). Evaluation of the utility of Liebowitz Social Anxiety Scale and Barratt Impulsiveness Scale in the diagnosis of social anxiety, impulsivity and depression. *Psychiatria Danubina*, 27(1), S223–226.
- Vriends, N., Becker, E. S., Meyer, A., Michael, T., & Margraf, J. (2007). Subtypes of social phobia: Are they of any use? *Journal of Anxiety Disorders*, 21(1), 59–75. <https://doi.org/10.1016/j.janxdis.2006.05.002>
- Vythilingum, B., Stein, D. J., & Soifer, S. (2002). Is shy bladder syndrome? A subtype of social anxiety disorder? A survey of people with paruresis. *Depression and Anxiety*, 16(2), 84–87. <https://doi.org/10.1002/da.10061>
- Welleschik, L. (2019). Von der Unfähigkeit, andere mit ihrem Namen anzusprechen oder: ‚Das Namenssyndrom‘. *Beiträge zur Namenforschung*, 54(1), 1–13.
- Wittchen, H.-U., & Beloch, E. (1996). The impact of social phobia on quality of life. *International Clinical Psychopharmacology*, 11, 15–23.
- World Health Organization, 2022. ICD-11: International classification of diseases (11th revision). <https://icd.who.int/>.