Social anxiety rarely looks dramatic from the outside. More often, it looks like a person who is capable, thoughtful, and exhausted from monitoring every word they say. It looks like someone replaying a meeting on the drive home, wondering whether they sounded foolish. It looks like declining invitations they genuinely wanted to accept, or staying quiet in rooms where they had something valuable to add. Fear and Trauma therapy self-doubt can become so woven into daily life that people stop seeing them as treatable problems and start treating them as personality traits.

That shift matters. When anxiety gets mistaken for identity, people adapt around it instead of healing it. Careers shrink. Relationships become narrower. Confidence becomes conditional, dependent on perfect preparation, reassurance from others, or avoidance of risk. Anxiety therapy can interrupt that pattern, but only when it addresses the actual mechanisms at work, not just the surface behavior.

Social anxiety is not simply shyness. It is often a persistent fear of judgment, rejection, humiliation, or exposure. For some, it centers on public speaking. For others, it appears in casual conversations, dating, conflict, networking, authority figures, or any setting where they might be seen and evaluated. Self-doubt tends to feed the cycle. The mind scans for evidence of inadequacy, then uses that evidence to justify more fear, more retreat, and more overthinking.

A person can know, rationally, that they are safe and still feel a surge of panic when they walk into a room. That gap between logic and feeling is one reason generic advice falls flat. “Just be yourself” is not helpful when your nervous system is acting as if ordinary social exposure is dangerous. Effective anxiety therapy respects that difference. It treats the mind and the body together.

What social anxiety feels like beneath the surface

Many clients describe social anxiety as a constant inner audit. They are not merely having a conversation. They are also assessing tone, facial expression, pauses, posture, and how they might be coming across. While another person is speaking, they may be planning their response, correcting it, and discarding it three times before saying anything aloud. This internal effort can make even simple interactions draining.

Fear often sits underneath that effort, but not always in obvious ways. Sometimes it is the fear of embarrassment. Sometimes it is fear of being exposed as incompetent, awkward, boring, needy, or unlikeable. Sometimes it goes deeper and touches old wounds, such as being mocked in school, criticized at home, excluded by peers, or punished for speaking up. In those cases, the present moment is carrying more than the present moment. A work presentation may stir the same body-level alarm that once came with being shamed in childhood.

That is where trauma therapy can become relevant, even for people who do not initially think of themselves as having trauma. Trauma is not limited to catastrophic events. Repeated experiences of ridicule, chronic invalidation, emotional unpredictability, or relational neglect can teach the nervous system that visibility is risky. If being noticed once led to pain, it makes sense that adult life might still trigger defensive patterns. The issue is not weakness. It is learning, stored deeply.

I have seen this dynamic in high performers who seemed, from every external marker, to be doing well. They had advanced degrees, stable jobs, and people who admired them. Yet a short introduction at a meeting could leave them sweating, blanking out, and spiraling for hours afterward. Their competence was real. Their fear was real too. Therapy became the place where those two truths could finally be held together without dismissal.

Why self-doubt lingers even when success is obvious

Self-doubt is often mistaken for humility, but the two are not the same. Humility leaves room for growth. Self-doubt often erodes action before it begins. It narrows options. It makes people ask for less, speak less, and trust themselves less, even when they have earned trust.

Part of the reason self-doubt persists is that anxiety distorts attention. The anxious brain privileges threat. In social situations, threat often means signs of disapproval, awkwardness, or failure. A room can contain ten neutral or positive responses and one ambiguous look, and the mind will lock onto the ambiguous look. Later, it may convert uncertainty into certainty. “They seemed distracted” becomes “I was boring.” “I stumbled over one sentence” becomes “I embarrassed myself.”

Another part of the problem is behavioral. To cope with fear, people develop safety strategies. They rehearse excessively, avoid eye contact, keep interactions short, over-apologize, defer too quickly, or stay close to familiar people. Those strategies can reduce discomfort in the short term, but they also prevent new learning. The person never gets to discover what happens when they speak more freely, ask the question, tolerate the pause, or survive the moment Mental health service without over-managing it.

This is why anxiety therapy is not just about calming down. It is also about helping a person test old assumptions in a way that is structured enough to feel possible. The work often includes examining beliefs, tracking body responses, and changing behavior gradually but deliberately.

What good anxiety therapy actually addresses

Not all therapy for anxiety goes deep enough, and not every approach fits every person. Some people benefit from direct, skills-based work that helps them challenge distorted thoughts and reduce avoidance. Others need a

more bottom-up approach because their fear is held primarily in the body, not in language. The best therapy is less about trend and more about fit.

In practice, effective anxiety therapy usually touches several layers at once. It helps a person understand their specific triggers, recognize patterns of avoidance, build tolerance for discomfort, and develop new experiences of safety in connection with others. If the anxiety has trauma roots, then trauma therapy may be necessary to reduce the intensity of the reactions rather than simply coaching around them.

For example, a client may understand that speaking in a team meeting is objectively low risk. Yet every time they imagine doing it, their chest tightens and their mind goes blank. Traditional cognitive work can be useful here, but sometimes it is not enough on its own. The body needs help processing what it still perceives as danger. That is where approaches that work with the nervous system can make a substantial difference.

Brainspotting is one such approach. It is often used when distress feels stuck, especially when a person can describe their anxiety but cannot seem to shift it through insight alone. Brainspotting helps identify and process the deeper activation linked to an issue by using eye position and attuned attention to access subcortical material. In plain terms, it can help people reach places that are difficult to talk through but very easy to feel. Clients who struggle with social fear often report that certain memories, sensations, or beliefs lose intensity after this kind of work, making real-world situations easier to navigate.

That does not mean Brainspotting replaces other forms of anxiety therapy. More often, it complements them. A therapist may combine nervous system-based processing with practical exposure work, relational work, and cognitive restructuring. If mood symptoms are also present, depression therapy may need to be part of the plan, especially because depression and anxiety frequently travel together. When a person has spent years withdrawing, second-guessing themselves, and feeling chronically inadequate, low mood is not unusual. Treating one without considering the other can leave progress partial.

When social anxiety is really about old learning

There is a point in many therapy processes when the current trigger starts to make more sense. A person notices that they are not just afraid of speaking in public. They are afraid of becoming small in the same way they once did around a critical parent, a mocking sibling, or a classroom that turned cruel. They are not just nervous about dating. They are carrying a history of feeling chosen last, misunderstood, or emotionally exposed without protection.

This is where therapy becomes more nuanced than symptom reduction. The goal is not simply to force confidence. It is to update old learning.

A woman in her thirties once described freezing whenever her manager asked for her opinion in meetings. On paper, she was one of the strongest people on the team. In therapy, it became clear that being asked to speak spontaneously activated a very old fear. Growing up, she was often interrupted and corrected at home. The family message was subtle but consistent: speak carefully, or you will be criticized. Her adult anxiety was not random. It was organized around a relationship pattern her nervous system still expected.

As she worked through those experiences, first by naming them and later through more targeted trauma therapy, the meetings began to change. She still felt adrenaline at times, but it no longer flooded her so quickly. She could tolerate the discomfort, answer more directly, and recover faster if she stumbled. That is a realistic picture of progress. Therapy did not turn her into a different person. It helped her reclaim access to parts of herself that fear had constrained.

The role of the body in fear and social shutdown

One of the most frustrating features drkatrinakwan.com Anxiety therapy of social anxiety is that it can hijack the body before the mind has time to intervene. Heart racing, throat tightening, facial flushing, dizziness, nausea, muscle tension, dry mouth, shaky hands, mental blankness, these reactions can make a person feel trapped inside their own physiology.

When that happens repeatedly, people start fearing the symptoms as much as the situation. They are not only worried about being judged. They are worried that anxiety will become visible. This often leads to hypervigilance, where the person scans for signs of blushing, shaking, or losing their train of thought. The monitoring itself raises arousal, which then confirms the fear. It is an efficient and painful cycle.

Therapy helps by teaching people to relate differently to activation. Rather than treating every sensation as proof of danger, they learn to notice arousal without escalating it. That skill is not built through willpower. It develops through repeated experiences of feeling activation, staying present, and discovering that the wave passes.

This is one reason experiential approaches can be so valuable. Talking about fear has limits. At some point, the nervous system has to learn through experience that it can survive contact, visibility, imperfection, and uncertainty. Therapy becomes a practice ground for that learning.

What treatment can look like in real life

The public tends to imagine therapy as either endless open-ended conversation or a rigid set of techniques. Good work usually sits somewhere between those extremes. Sessions may include history-taking, pattern recognition, practical planning, emotional processing, and direct work with the nervous system.

A person with social anxiety might spend one session unpacking what happened after a networking event, identifying the thoughts that fueled the spiral, and tracing them to older experiences of exclusion. Another session might focus on preparing for a difficult conversation with a colleague, including what to say and how to regulate if panic rises. A later session might use Brainspotting to process a humiliating memory that still gets triggered whenever the person is the center of attention.

Progress is rarely linear. People often feel better in one area before another. They may start speaking more at work while still avoiding dating, or they may feel calmer with acquaintances but still panic around authority figures. That does not mean therapy is failing. It usually means the fear has a structure, and different parts of that structure need attention at different times.

For clients who want to work more intensively, intensive therapy can be a strong option. Instead of meeting once a week for months, some people benefit from extended sessions or concentrated blocks of treatment over a shorter time. This can be especially useful when social anxiety is tied to trauma patterns that need sustained focus, or when someone has a specific event approaching, such as a wedding, job transition, conference presentation, or return to work after burnout. Intensive therapy is not right for everyone, but in the right context it can accelerate insight and momentum.

Signs that therapy is helping, even before fear disappears

People often assume treatment is working only if they feel instantly calm. In practice, some of the earliest signs are subtler and more meaningful.

- You recover faster after an awkward moment instead of replaying it for days.
- You say what you mean a little more often, even if your voice shakes.
- You need less reassurance from other people to trust your own read on a situation.
- You notice anxiety in your body without immediately treating it as an emergency.
- You start making choices based on values and goals, not only on what feels safest.

Those shifts matter because they signal increased flexibility. The goal is not to erase all discomfort. The goal is to reduce fear's control over your behavior and identity.

When anxiety and depression are intertwined

Many people seek help for social anxiety and discover they are also carrying a heavy layer of discouragement or numbness. After enough avoidance, enough self-criticism, and enough loneliness, depression can settle in. A person may stop hoping that change is possible. They may call themselves lazy, broken, or fundamentally behind.

This is where depression therapy becomes essential alongside anxiety treatment. The person may need help restoring energy, motivation, self-compassion, and connection before they can fully engage the exposure and risk-taking that social anxiety recovery often requires. If therapy ignores the depression, it may ask too much of someone whose system is already depleted.

There is also a practical issue. Depression can flatten reward. A client may do something brave, like attending a gathering or speaking up in class, but struggle to register the accomplishment emotionally. Without support, they can dismiss progress that should be reinforcing. A skilled therapist helps name those wins clearly and ties them back to a broader treatment plan.

Choosing a therapist when fear is the problem

Therapist fit matters more than people sometimes realize. Social anxiety often involves sensitivity to judgment, authority, and subtle power dynamics, so the quality of the therapeutic relationship is not secondary. It is part of the treatment.

A good therapist for this work is usually someone who can balance steadiness with challenge. They should not collude with avoidance by keeping everything comfortable, but they should not push so hard that sessions become another stage for performance. The work requires pacing, attunement, and enough clinical range to address both symptom management and underlying causes.

If your anxiety seems linked to earlier relational pain, ask whether the therapist has training in trauma therapy. If your distress feels deeply physiological or hard to access through words, ask about approaches like Brainspotting. If your symptoms are severe and weekly therapy feels too slow, ask whether they offer intensive therapy. These are not niche questions. They are practical ones.

How to prepare for therapy so it has somewhere to go

People do not need to arrive polished or insightful. Therapy is precisely the place where confusion gets sorted out. Still, a little preparation can make the first phase more useful.

- Notice the situations that activate your anxiety most strongly, and what you do to cope in those moments.
- Pay attention to what you fear will happen, not just what you feel.
- Track what happens afterward, especially rumination, shame, or urges to avoid.
- Consider whether the intensity feels familiar from earlier periods of life.
- Bring examples from recent weeks rather than trying to summarize your whole personality.

Concrete examples help therapy move from vague labels to workable patterns. “I get anxious socially” is a start. “I was quiet in a meeting Tuesday because I was sure my idea would sound stupid, then I replayed it all evening and skipped lunch with coworkers the next day” gives the therapist something real to work with.

The uncomfortable middle stage of getting better

One of the least discussed parts of therapy is the middle. Early on, people may feel relief simply from being understood. Later, they may feel encouraged by insight. But somewhere in between there is often a stretch where the work becomes more demanding. Old strategies are loosening, but new ones are not automatic yet. A person says more, risks more, and feels more exposed for a while.

This stage can be discouraging if it is not expected. Someone might think, “I am speaking up more, so why do I feel more anxious this week?” Often the answer is simple. They are finally doing the things fear used to prevent. More contact with the feared situation can temporarily mean more activation. That is not regression. It is the nervous system learning a new response through repetition.

This is where consistency matters. Progress tends to come from accumulated experiences of doing something differently and surviving it, then doing it again with a little less dread. Therapy supports that process by helping a person interpret setbacks accurately. An awkward date, a tense conversation, or a shaky presentation does not erase growth. If anything, those moments often become the best material for deepening it.

What confidence actually looks like after treatment

People often enter therapy wanting confidence, but they picture it as a feeling that arrives first and makes action easy. More often, confidence grows as a byproduct of action. It is built from evidence. You speak even though you are nervous. You survive the silence. You ask the question. You disagree respectfully. You attend the event. You let someone see you without over-editing. Over time, your system updates its predictions.

Real confidence is not the absence of self-doubt. It is a different relationship *Psychologist* to self-doubt. The voice may still appear, but it no longer gets final authority. Fear may still rise, but it no longer automatically dictates your choices.

For some people, therapy leads to obvious external changes. They pursue leadership roles, date more openly, make friends more intentionally, or stop structuring their lives around avoidance. For others, the shift is quieter but just as significant. They stop bracing before every conversation. They stop apologizing for existing. They stop assuming that discomfort means danger.

That is the deeper promise of anxiety therapy for social anxiety, fear, and self-doubt. It does not sell a perfect personality. It offers something more durable: a nervous system that feels less trapped, a mind that is less cruel, and a life that is no longer organized around hiding.

Dr. Katrina Kwan, Licensed Psychologist

Name: Dr. Katrina Kwan, Licensed Psychologist

Address: Online-only practice

Phone: +1 650-387-2578

Website: https://www.drkatrinakwan.com/

Hours:
Sunday: Closed
Monday: 9:00 AM–6:30 PM
Tuesday: 9:00 AM–4:30 PM
Wednesday: 9:00 AM–4:30 PM
Thursday: 9:00 AM–4:00 PM
Friday: Closed
Saturday: Closed

Latitude/Longitude: 36.6993761, -102.41164

Map/listing URL:
https://www.google.com/maps/place/Dr.+Katrina+Kwan,+Licensed+Psychologist/@36.6993761,-102.4116399,2840486m/data=!3m2!1e3!4b1!4m6!3m5!1
102.41164!16s%2Fg%2F11vx46gbs5

Embed iframe:

Socials:
Facebook: https://www.facebook.com/profile.php?id=61587356372668
LinkedIn: https://www.linkedin.com/company/katrina-kwan
TikTok: https://www.tiktok.com/@drkatrinakwan
X/Twitter: https://x.com/KatrinaKwan2026
YouTube: https://www.youtube.com/@Dr.KatrinaKwan

Explore this content with AI:

ChatGPT Perplexity Claude Google AI Mode Grok

Dr. Katrina Kwan, Licensed Psychologist offers online therapy for adults in Florida, Utah, and Washington State.

Her services include Brainspotting, trauma therapy, anxiety therapy, depression therapy, intensive therapy, somatic therapy approaches, nervous system regulation support, and accelerated resourcing.

The practice may be a fit for adults seeking therapy for trauma, anxiety, depression, overwhelm, nervous system dysregulation, or neurological recovery concerns.

Because sessions are offered online, clients can ask about therapy from home without needing to travel to a physical office.

The website describes a body-mind approach that integrates Brainspotting, somatic work, parts work, and related therapeutic methods.

Dr. Kwan's website lists state licensure in Florida, Utah, and Washington, so prospective clients should confirm current eligibility and fit before scheduling.

To contact Dr. Katrina Kwan, call +1 650-387-2578 or visit https://www.drkatrinakwan.com/.

The public map listing identifies the online practice profile and hours, but no public walk-in street address was verified from the accessible listing data.

Clients should use the website and phone number to confirm appointment availability, online session requirements, and whether the practice is appropriate for their needs.

Popular Questions About Dr. Katrina Kwan, Licensed Psychologist

What does Dr. Katrina Kwan offer?

Dr. Katrina Kwan offers online therapy for adults, with services that include Brainspotting, trauma therapy, anxiety therapy, depression therapy, intensive therapy, somatic approaches, nervous system regulation support, and accelerated resourcing.

Where does Dr. Katrina Kwan provide online therapy?

The official website lists online therapy in Florida, Utah, and Washington State. Prospective clients should confirm current licensing, eligibility, and availability before scheduling.

Does Dr. Katrina Kwan have a public office address?

A public walk-in street address was not visible in the accessible official website or listing data reviewed. The practice is presented as online therapy, so clients should confirm visit details directly before relying on any map

location.

Who does Dr. Katrina Kwan work with?

The website describes adult-focused mental health treatment for concerns such as trauma, anxiety, depression, overwhelm, nervous system dysregulation, and neurological conditions including stroke and traumatic brain injury recovery.

What are Dr. Katrina Kwan's listed hours?

The public listing shows Monday 9:00 AM–6:30 PM, Tuesday 9:00 AM–4:30 PM, Wednesday 9:00 AM–4:30 PM, Thursday 9:00 AM–4:00 PM, and Friday through Sunday closed. Hours may change, so confirm before scheduling.

What is Brainspotting therapy?

Brainspotting is listed as one of Dr. Kwan's therapy services. Clients interested in this approach should ask how it may apply to their goals, symptoms, and therapy history during consultation.

Does Dr. Katrina Kwan offer intensive therapy?

Yes. The official website describes intensive therapy options along with ongoing online therapy. Clients should confirm session format, timing, fees, and clinical fit directly with the practice.

Is this a crisis or emergency service?

No. Website and listing information should not be used as a substitute for emergency care. In an emergency or immediate safety concern, call 911 or go to the nearest emergency room.

How can I contact Dr. Katrina Kwan?

Call +1 650-387-2578 or visit https://www.drkatrinakwan.com/. Social profiles include Facebook, LinkedIn, TikTok, X/Twitter, and YouTube.

Landmarks Near Dr. Katrina Kwan's Online Therapy Service Areas

Seattle, WA — Washington clients near Seattle can contact the practice to ask about online therapy availability.

Spokane, WA — Spokane-area clients can use the online format to ask about therapy access without traveling to a physical office.

Tacoma, WA — Tacoma is a practical Washington reference point for clients exploring online therapy in the state.

Olympia, WA — Clients near Washington's capital can contact Dr. Kwan to confirm online session availability.

Salt Lake City, UT — Utah clients near Salt Lake City can ask about online therapy services listed by the practice.

Provo, UT — Provo-area adults can use the website to request information about online therapy options.

Ogden, UT — Clients in northern Utah can confirm whether Dr. Kwan's online therapy services are a fit for their needs.

Park City, UT — Park City is a useful Utah-area reference for clients considering online care from home or while managing a busy schedule.

Orlando, FL — Florida clients near Orlando can contact the practice to confirm online therapy availability and scheduling.

Tampa, FL — Tampa-area adults can use the online format to ask about therapy services without a local commute.

Miami, FL — Miami clients can visit the website to learn about online therapy options listed for Florida.

Jacksonville, FL — Jacksonville is a practical Florida reference point for adults exploring online therapy with Dr. Katrina Kwan.

Tallahassee, FL — Clients near Florida's capital can call or use the website to confirm whether online care is available for their situation.

Landmarks Near Dr. Katrina Kwan's Online Therapy Service Areas

Seattle, WA — Washington clients near Seattle can contact the practice to ask about online therapy availability.

Spokane, WA — Spokane-area clients can use the online format to ask about therapy access without traveling to a physical office.

Tacoma, WA — Tacoma is a practical Washington reference point for clients exploring online therapy in the state.

Olympia, WA — Clients near Washington's capital can contact Dr. Kwan to confirm online session availability.

Salt Lake City, UT — Utah clients near Salt Lake City can ask about online therapy services listed by the practice.

Provo, UT — Provo-area adults can use the website to request information about online therapy options.

Ogden, UT — Clients in northern Utah can confirm whether Dr. Kwan's online therapy services are a fit for their needs.

Park City, UT — Park City is a useful Utah-area reference for clients considering online care from home or while managing a busy schedule.

Orlando, FL — Florida clients near Orlando can contact the practice to confirm online therapy availability and scheduling.

Tampa, FL — Tampa-area adults can use the online format to ask about therapy services without a local commute.

Miami, FL — Miami clients can visit the website to learn about online therapy options listed for Florida.

Jacksonville, FL — Jacksonville is a practical Florida reference point for adults exploring online therapy with Dr. Katrina Kwan.

Tallahassee, FL — Clients near Florida's capital can call or use the website to confirm whether online care is available for their situation.