

Social Anxiety in Adolescents

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Abstract

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Social anxiety disorder (SAD), also referred to as social phobia is considered a chronic mental health condition in which a person experiences irrational fear and/or anxiety towards social interactions. The primordial need of healthy social connections are essential to mental wellbeing and overall human evolution. Many young adults currently suffer from this disorder and may be unaware or dismissive of its symptoms due to lack of knowledge or by the effects of a post-traumatic stress response. The purpose of this research is to explore the nature of this mental disorder and its effects on the adolescent population around the world. The information provided by this research aims to inform adolescents who currently struggle with this condition and those who seek a deeper understanding of this topic both theoretically and theologically.

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Intense sense of anxiety, fear of being judged by others, being socially rejected and perceived in a negative way are the feelings experienced through social anxiety disorder (SAD). This disorder, also commonly known as social phobia, affects millions of people worldwide. Those who battle with SAD are often found to be visibly anxious when interacting with the general public by showing signs of discomfort such as stumbling over words while trying to hold a conversation, seeming nervous while trying to get a point across by derailing off topic and no longer making sense of the discussion. Fear plays a major role because it dictates from a cognitive perspective; It causes stress and affects the way in which we can or cannot interact with others by creating fictional barriers that limit the potential of self-expression. Questions regarding this research fall on the desire to understand the nature of this disorder. How does a person become socially withdrawn? What factors lead to the diagnosis of SAD? Can it be prevented? Can this disorder be treated both theologically and therapeutically?

Research shows that social anxiety disorder is more commonly diagnosed in comparison to those pertaining to a specific phobia. Symptoms of this disorder affect both personal and social aspects of a person's life by making daily routines such as self-care, schooling, networking, work performance and making/maintaining friendships incredibly difficult. On average, onset of SAD is initially experienced through teenage years. Individuals who are diagnosed with social anxiety disorder may recall experiencing extreme shyness as children, in most cases these symptoms go ignored which enables the development of more noticeable symptoms of being withdrawn and socially disconnected through adolescence. This research aims to inform of the nature and effect of social anxiety in adolescence. From a personal perspective the teenage generation significantly struggles with social anxiety disorder. Teenagers

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(ages 13-19) pertain to a sensitive period of development in which sense of self-identity and fitting in becomes a very complex task. The body undergoes puberty and this alone causes hormonal chaos both physically and cognitively. Adolescents are faced and influenced by major life factors and this makes them susceptible to social anxiety disorder.

Morbidity of SAD in Adolescence

Worldwide study shows that the rate of social anxiety disorder in childhood is significantly less than that of teenagers in early, middle and late adolescent ages. Article “ Social Anxiety In Adolescents: Prevalence and Morbidity” states “As results of meta-analysis reveals that social anxiety rate in childhood ranging from 6 to 12 years was lower as reported to range from early to mid- adolescence and most probably increased in mid- adolescence. Lifespan occurrence of morbidity of social anxiety in teenagers usually ranges from 2 to 9%. Researches in diverse areas of the world disclose that the occurrence of social anxiety amongst Turkish university scholars was 23%, in Malaysia 9.2%, and in Qatar 12.7%^{6,7}.” This finding demonstrates the severity of SAD among the adolescent population. From the given 2-9% scale of SAD morbidity scholars in different regions scored well above the given rate proving this disorder is highly prevalent amongst the adolescent age group.

Because teens in the early stages of adolescence are prone to experience some level of anxiety and conflicted behaviors that can be considered normal, such as refusing to partake in certain tasks and activities or preferring to work on tasks alone rather than accompanied it is easy to overlook the possibility of acquiring social anxiety traits. Zaqia Bano states “ Although most adolescents pass through stages of usual anxiety linked to the variations that go side by side in this phase, however the person who has social anxiety disorder feels dread that does not match to the states that they confront. During this time social anxiety disorder is frequently related with

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mutism, school refusal, behavioral inhibition, embarrassment and extreme shyness. These problems lead to severe destruction in social, academic and occupational functioning⁹.” Ignoring early onset symptoms that may seem like normal adolescent behavior poses a threat because more often than not a teen will conditionally adjust to patterns of isolation that can develop a sense of comfort around the idea of being withdrawn from a person, place or thing.

Gender roles are known to be a norm for certain countries and religions. In some countries parents impose an upbringing in which girls in late childhood to early teen years are expected to take on “ caretaker” roles while boys are expected to be prepared for a “provider” role. When it comes to social anxiety this mindset enables the development of stress when it comes to the way in which adolescents are able to create a sense of independent identity. Bano states “ In Pakistani culture the age from 15 years to 17 year place a huge burden on teenagers, as their parts in the social world switch to more independent one from a dependent individual. On the other hand, youngsters are supposed to be reliant on others and docile as they were beforehand and simultaneously also got the stress from peers for extra autonomous and independent role^{21,22}. These contradictory sources of stress place the stress of social appraisal and anticipations, which might turn into susceptibility to social anxiety. While for females in Pakistan, especially in Urban areas the more critical time is the age when they leave their schools and start a college life. Moreover, they begin to be more sentient about their appearance. These sources of stress may produce social misery, along with a dread of adverse appraisal.” Factors that influence SAD symptomology initiate in home settings. A person’s foundation begins to evolve in a home setting, inevitably the way in which children are raised has a significant influence on how they will perceive themselves from adolescence into adulthood. Those who

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experience social anxiety disorder in early adolescent years are more likely to develop more intense symptoms if the disorder remains untreated.

Cognitive Factors of SAD in Adolescence

Social anxiety disorder is attributed by different factors, some if not most commonly related to cognitive processes. Our brain is a powerful organ that controls our thoughts, behavioral, emotional and functional aspects of our existence. Social phobia is linked to thoughts of suicide, violence and depression amongst teens. Social anxiety disorder has victims and victimizers, article “ Homicidal/violent thoughts, suicidal ideation and violent behavior in adolescents with social phobia in Metropolitan Lima, Perú.” Explains how this disorder affects teens in this region of Latin America, Vivar states “ In Perú, the prevalence of social phobia in adolescents has been found to oscillate between 1.2% and 7.1%; higher in Metropolitan Lima, and gradually lower in three Andean cities and three cities in the jungle region of the country. (National Institute of Mental Health “Honorio Delgado-Hideyo Noguchi, [25] , [26] , [27]).Another critical mental and behavioral problem among adolescent populations is that of being either a victim or a victimizer of violent acts, most of them in the context of bullying. (Cosgrove et al., [9]) In fact, violence of different types has increased, according to epidemiological assessments among different demographic groups around the globe (Alikasifoglu et al., [1] ; Cardona et al., [7]), Perú not being an exception, of course. (Cano et al., [5])”

Bullying and other forms of abuse are considered common in adolescent groups. This type of behavior is usually portrayed by a person who feels a sense of accomplishment and superiority by being able to hurt or chastise others. In regards to SAD this can be seen as a defense mechanism; The reason why is because the teen who partakes in bullying others may not

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have a sense of identity but finds it in being seen and acknowledged by others as an aggressor. It may provide a sense of relief for the victimizer. In the other hand adolescents who find themselves being victimized by a bully may be having problems fitting in with new crowds and unfortunately falls victim to that person who also suffers from SAD, but expresses it in a more violent way.

Social anxiety disorder in adolescence can be very dangerous. When suffering of this disorder a person can experience suicidal/ homicidal thoughts. Thoughts and or acts of suicide for some may be a way to permanently escape the feeling of loneliness. Homicidal thoughts may come to those who are in negative environments such as in the care of negligent or abusive parents who may also be mentally ill. Vivar states, “ In an investigation conducted by the INSM “HD-HN” in [24] reported that 16% of adolescents in a district of Lima mentioned having experienced suicidal ideation, while 3% reported suicidal attempts, and 1.5%, homicidal ideation.”

Adolescents who suffer from social anxiety are also prone to experience high levels of depression. Depression is also characterized as a mental health disorder that impairs daily routines and the way we perceive and accept ourselves and others. As explained before depression within adolescents also may initiate in the home foundation. Having gender roles and parental figures that are not accepting can affect teens negatively. Article titled “ Depressive State and Social Anxiety in Adolescents: The Role of Family interactions” by Jelena Stanković states “Parents' behavior can have a powerful impact on the development of youth through externalizing symptoms (Kostić, Nešić, Stanković, & Žikić, 2014) and internalizing symptoms (Scanlon & Epkins, 2015), particularly in adolescent girls who base their self-esteem on social feedback (Bor et al., 2014; Guyer et al., 2014). This is particularly important for understanding

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social anxiety while gender differences in depression should be considered through cognitive vulnerability, negative cognitive style, early temperament characteristics, the influence of genes, pubertal hormones, and, ultimately, social factors (Hyde, Mezulis, & Abramson, 2008).

In today's society a very prominent threat to adolescents that suffer from SAD is technology. The amount of time teens spend on apps like Instagram, Tiktok and Facebook is alarmingly high, but the real threat lies in the content provided by these apps. Social media influencers have taken the world by storm. Celebrities like Kylie Jenner have raised the bar on standards of beauty and wealth. For adolescent females that suffer from social anxiety disorder excessive amounts of time on these platforms can be self-sabotaging. SAD affects the ability to believe that you belong and that brings insecurity issues that in this case are only heightened by the constant use of technology.

Article " Exploring Recreational Screen Time and Social Anxiety in Adolescents" by Sarah West, Rachael Puszczynski, and Tanya Cohn explains the correlation between SAD and the use of technology. They conducted an exploratory study in which they monitored screen times in both genders of adolescent ages, they state " Advances in technology have increased both solitary and sedentary behaviors in the adolescent population. Although both boys and girls are affected by this, one study shows that the earlier young girls engage in social media, the more likely they are to have negative mental health effects, specifically lowered levels of happiness and well-being (Booker et al., 2018)."

The cognitive manipulation of SAD in addition to influence of technology can catapult a series of behaviors and patterns conditioned from adolescence to adulthood making it a lot more difficult to maintain and keep control of the disorder. West states, "When these adolescents enter adulthood, it is thought that SAD can even have an impact on careers women choose, those

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suffering with SAD being more likely to be unnerved by speaking with authority figures, speaking in front of groups or audiences, or even keeping a job full time (Asher et al., 2017).”

The study found that teens (both male and female) reported higher levels of social anxiety related to significant amounts of screen time, they also reported that parents did not attempt to limit the screen time. A cause of concern because parents may not realize they also partake in enabling social anxiety to affect their children.

Prevention, Theology and Treatment

Currently, there are no prevention methods for social anxiety disorder. The reason why is because the direct cause of this disorder is yet to be identified. This may be scary and difficult to understand but there are ways in which people can cope with this disorder. “Cognitive Mediators of Treatment For Social Anxiety Disorders: Comparing Acceptance and Commitment Therapy and Cognitive-Behavioral Therapy”, an article written by Niles, Andrea N; Burklund, Lisa J; Arch, Joanna J; Lieberman, Matthew D ; Saxbe, Darby; Craske, Michelle G, found that cognitive-behavioral therapy (CBT) and acceptance and commitment therapy (ACT) correlate as mediators to help with social anxiety disorder. “ Findings shed light on how cognitive processes change in ACT and CBT for social anxiety disorder and how these processes relate to treatment outcome. For both treatment approaches, negative thoughts decreased and willingness to have uncomfortable internal experiences increased, Indicating that these treatment approaches overlap significantly in terms of their effect on cognitive change.”

Theology is the study of the nature of God and religious belief . God is love and as our creator his desire is for us to live in light and unity within his creation. Although we live in a world filled with unimaginable pain God wants us to know that if we focus on him and choose to live life through his eyes our burdens will lighten. Scripture is a source to confide in for relief of

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our most difficult troubles, “ Therefore I tell you, do not be anxious about your life, what you will drink, what you will put on. Is not life more than food, and the body more than clothing?” (Matthew 6:25). This part of the scripture can help adolescents that suffer with SAD because it is true, people who struggle with this disorder often create a massive problem out of a small situation because of anxiety. There is more to life than the obstacles that we let control and dictate our lives. Scripture helps with putting things in perspective.

Conclusion

Adolescents are faced and influenced by major life factors and this makes them susceptible to social anxiety disorder. Cultural beliefs and complex upbringings shape and dictate the way in which SAD is carried out through adolescence. Common factors such as bullying in which case both victim and victimizer are products of this disorder. Parental negligence and abuse distorts a teens sense of self-worth. Ignoring early onset symptomology in children is setting them up to be affected by this disorder. The constant use of social media platforms negatively affects adolescence and causes depression. The points made by this research is intended to bring knowledge and awareness to a consuming disorder.

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