Social Anxiety Disorder among Teenagers

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Abstract: This paper aims to present the current understanding of social anxiety disorder among teenagers through reviewing the most relevant research and studies. To show the results and main findings, not only the impact that this disorder could have on individuals but also means of treatment will be illustrated. Social anxiety disorder has a serious impact on an adolescent's mental and social wellness, making them too frustrated and afraid to function normally in society. This will also limit their performance in the long run because of the importance of cooperation and communication during study and work time. Treatment options for social anxiety disorder include both medication and non-pharmacological approaches, with each contributing to the recovery process. Drugs mainly work by balancing the chemicals in the brain, while non-drug therapies like cognitive behavioral therapy focus on stopping fear from a psychological perspective. Although studies have been conducted, a clear limitation is shown that not enough attention, by means of special treatment and early detection, is paid to teenagers. Future prevention and improvement should be made as soon as possible, and it's essential to understand the importance of knowing the changing times. This paper can provide some references for future research. Everyone needs to try to create a more inclusive environment for patients, encouraging them to attend social events. Overall, it's hoped that public awareness is raised about this topic.

Keywords: social anxiety disorder, social phobia, impact, treatment, behavioral inhibition

1.   Introduction

An individual with social anxiety disorder (SAD) feels anxious or afraid in circumstances where he or she could be observed, criticized, or scrutinized by others, such as giving a speech in public, a job application, or responding to a question during class time [1]. Patients would show extreme avoidance of social activities and intense worries about negative comments about themselves, which affect their normal lives to a great extent. Some other mental illnesses are often mentioned together with SAD as comorbidities, such as bipolar disorder, and the presence of comorbid psychiatric disorders increases symptom severity. SAD was discovered to be a predictor of the development of subsequent major depression and alcohol use disorders [2]. In order to prevent the problems from adolescence from continuing to influence adult life, recognizing the symptoms and taking action as early as possible are of great significance for treatment.

As shown by Alves, Digueiredo, and Vagos's study of the prevalence of SAD in the school context, 26% of the sample of 1495 students claim to have social fears, resulting in adolescent SAD

being seen in 9.4% of cases of those who agree to be further assessed for diagnosis [3]. However, only 12.9% of the 140 diagnosed students were already receiving treatment, implying that adolescents who were diagnosed but not receiving treatment constituted a sizable proportion [3]. This highlights the issue of not paying enough attention to patients, particularly teenagers, which leads to so many misunderstandings. It can be difficult to tell the difference between shyness and social anxiety disorder, which leads many people to misbelieve they have the disorder. Distinct differences between a shy personality and a social anxiety disorder are shown, in which shyness involves the uncomfortableness and awkwardness around unfamiliar people rather than being pathological, so it's only when there are significant adverse effects in important areas of function that a diagnosis of SAD should be considered [4]. On the other hand, SAD is a true mental illness that will cause a serious impact on people's lives, although in many cases the patients show normal shyness.

The primary issues addressed in this paper are social anxiety disorder in teenagers as well as its impact and treatment. The meaning of social anxiety disorder, including its etiology and symptoms to be diagnosed, will be discussed first in the main body, followed by the characteristics that only occur during adolescence. A brief overview of the long-term effects, divided into four categories, that SAD can cause if not treated properly will be provided. Academic performance, employment, mental health conditions, and social relationships will all be harmed as a result, which is why prompt treatment is essential. Medication and non-pharmacological therapy are used in treatment, with the latter including cognitive behavioral therapy, systemic desensitization, and so on.

2. Social Anxiety Disorder among Teenagers

According to a study conducted by Jefferies and Ungar, social anxiety influenced younger people more seriously at the end of adolescence, demonstrating that social anxiety disorder typically manifests in the first few years of adolescence at a rate of about 10% [5]. They discovered that, across seven nations, people aged from 18 to 24 years old achieved greatly higher scores on the Social Interaction Anxiety Scale than did the age groups of 16 to 17 and 25 to 29. But more than that, adults between 25 and 29 years old generally showed a larger potential possibility of having social anxiety disorder when compared to the age group of 18–24-year-olds [5].

2.1. The Meaning of Social Anxiety Disorder

2.1.1. Diagnosis and Symptoms

Persistent aversion to interpersonal or performance settings when one experiences an explosion of new individuals and potential judging by unknown people, accompanied by acute anxiety and avoidance of these public interactions, are the hallmarks of social anxiety disorder [4]. When placed in social interactions and situations such as getting to know unfamiliar people, having their eating and drinking habits watched, and doing a solo performance in front of others, people with SAD are likely to be extremely anxious and afraid [5]. To be diagnosed with social anxiety disorder, common symptoms that last at least six months, such as physical discomfort, trembling, sweating, or blushing, when being around others are required.

2.1.2. Etiology

The etiology of social anxiety disorder is considered sophisticated, and there's often more than one factor that contributes to the diagnosis. Biological, environmental, and psychological factors are included among the potential factors. First, siblings are up to six times more likely to run the risk of having social anxiety when compared to data for the whole population [6]. The second factor to

mention is the surrounding environment, including family and culture. If children grow up under their parents' overprotection, they are more likely to have no self-understanding of the whole world and therefore no opinion of their own. On the other hand, when kids are overcontrolled by parents, they become afraid of expressing their thoughts, and eventually fear of being embarrassed in public situations [7]. A society with a strong collectivistic orientation will easily result in the development of people who are afraid of being embarrassed in front of the public. Psychological factors can also influence social anxiety disorder. An aversion to social situations can be caused by traumatic experiences, such as peer victimization and particularly relational bullying. For behavioral inhibition, it's one of the most well-established risk factors for SAD, meaning fear and restraint among unfamiliar people or situations. Lastly, people with extreme inferiority are often afraid of being ridiculed for their strangeness since they only see the negative side of themselves.

All in all, it's the combination of family, society, and peers that causes the final result of social anxiety, and one's personal opinion of oneself also plays an important role.

2.2.　The Characteristics of Teenagers

Some characteristics are clearly visible during this special period. Teenagers are more sensitive than other stages of life, particularly during the rebellious stage. It's possible that they see loneliness as a symbol of independence and avoid all social interactions like the plague. Adolescence brings about a number of intricate changes, including the growth of self-awareness and behavior patterns as well as the creation of an independent esteem system. It will be most obviously shown during the rebellious stage, as they will do everything on their own rather than make friends for cooperation to show their want to get away from the supervision of adults eagerly. Teenagers' levels of self-esteem vary depending on the size of the family and whether it is complete or incomplete. Maximum self-esteem was reached in grade 9, the lowest in grades 7-8, and the average level was obtained in grade 10 [8]. Moreover, it's a period of semi-naïve and semi-maturity in which the intricate contradiction between independence, dependence, and self-consciousness appears.

Overall, adolescence is the transition state of life, which reflects all the problems during childhood and will provide a foundation for adult life. As a result of its importance for the future, knowing the impact and methods to treat SAD as early as they can is necessary, justifying the significance of the next part of the discussion.

3.　Impact

An individual's daily life may be severely impacted by social anxiety disorder, both in terms of physical health and social functioning. As a result, not only are social relationships harmed, but also work productivity and academic scores are reduced.

3.1.　Mental Health

Individual behaviors and emotions are greatly influenced by social anxiety disorder, with the possibility of self-harm or suicide. A person with SAD will show a very low confidence level, being afraid to express their feelings in front of the public, and that results in emotional damage. What's worse, as inferiority contributes a lot to the social anxiety disorder, the patients are possible to be more and more unsatisfied with themselves. They may resort to extreme behaviors to express their dissatisfaction, including suicide and self-mutilation, which are more common among patients with comorbidities, such as severe depression [2]. Living in persistent fear and anxiety all the time, the way that people with SAD see the world becomes completely different from a negative perspective. If that continues without any intervention, a vicious circle will be created as the pessimistic opinions will only lead to the continuous avoidance of social activities.

3.2. Social Problems

Social problems are also one of the problems caused by social anxiety disorder, which is caused by excessive worry about social situations. As the patients spontaneously believe that they are going to be laughed at or criticized, they are building strong senses of self-defense. If the situation continues, it will be more and more difficult for them to participate in social activities. The absence of social parties is often considered a violation of social norms, leading them to have barely any friends and alienation from others. They may be considered strange and not understood by others, which will eventually affect their social relationships, meaning they will probably be lonely all the time. Being single throughout lifetime without marriage as well as higher divorce rates are all related [4]. Since the environment for SAD patients can't be said to be inclusive or tolerant with so many misunderstandings and discrimination, the conditions they are facing will only become more difficult. At the same time, the popularity of Internet technology has enabled people to take videos of the moments they want to remember and spread them quickly. To this extent, awkward things that the narrator wants to forget can also be known by a lot of people, making them even more afraid of being thought of as stupid by strangers. Both their online and face-to-face social interactions are affected.

3.3. Academic Performance

Social anxiety disorder has a particularly substantial impact on academic achievement throughout the lifespan. Individuals suffering from SAD were less likely to complete a postsecondary program, graduate from upper secondary school, be qualified for a professional or scientific course, master all of their classes in the final year of compulsory schooling and begin a university degree program [9]. Since the consequence of not performing well is being embarrassed in front of classmates, social anxiety can cause difficulties with presentations at school. Patients with SAD are often under stress because they want to achieve a higher mark in order to avoid the ridicule of their classmates, but when they push themselves too hard, it can have a counterproductive result. Meanwhile, they tend to give up the chances to ask questions to prevent being criticized by the teachers, which is the same behavior as losing questions that should be answered correctly.

3.4. Employment

When patients graduate from high school and are required to work, they face an even greater challenge. Above all, they will encounter obstacles in the workplace if they are unable to demonstrate their strengths to the boss. There are only a few jobs available for them that do not require public speaking or communication skills. Himle and colleagues collected data from intake assessments of low-income, unemployed adults (June 2010 - December 2011), examining the difference between patients who did or did not screen positive for SAD [10]. The issue is that patients may be unable to communicate with working colleagues or bosses during business hours. As social anxiety is associated with a lack of education, it is even more challenging for patients to obtain suitable employment. Participants who tested positive for social anxiety disorder reported more difficulties with experience and skills.

To sum up, social anxiety disorder influences every field and every step in a lifetime, from school and work to relationships with others. Personal feelings can be destroyed together with high pressure when social situations can't be avoided.

4. Treatment

There are two types of treatment for social anxiety disorder: medication treatment and non-pharmacological treatment, which includes cognitive behavior therapy, exposure therapy, systemic desensitization, and acceptance and commitment therapy. Each of them has a unique significance in the treatment process.

4.1. Pharmacotherapy

Certain drugs need to be taken to ease the pain of social anxiety disorder patients, and some of them, like sertraline and extended-release venlafaxine, are medicines for SAD that have been granted approval by the Food and Drug Administration. They function by raising the brain's levels of serotonin, which is a crucial chemical for regulating anxiety and mood. While benzodiazepines, an effective anti-anxiety sedative medicine, are potent and start working immediately to lessen anxious sensations, beta-blockers are beneficial in alleviating several of the problems of SAD that only affect the physical, like high heart rate and perspiration [1]. Patients may need a combination of different medications to ease both the psychological and physical symptoms of social anxiety disorder. It may take at least 4 to 6 weeks for any improvement to occur, and for some people, it may take up to 12 weeks [11]. However, taking medication without changing anything in their minds is basically useless, so medicines are usually only used to supplement non-pharmacological therapy.

4.2. Non-pharmacological Therapy

4.2.1. Cognitive Behavioral Therapy (CBT)

Recent commentators have raised the alarm that, in comparison to those without mental illnesses, people who already have emotional and behavioral problems may get worse during COVID-19 [12]. SAD is frequently treated with cognitive behavioral therapy (CBT). However, the occurrence of COVID-19 has had a massive effect on it. It focuses on dealing with social avoidance as a maladaptive behavior that contributes to the maintenance of SAD. Through CBT, flawed thoughts are recognized, refuted, and substituted with more impartial, realistic ones. On the other hand, lockdowns limit this exposure and may encourage an avoidant attitude. Prior studies have demonstrated that following the end of treatment, fear returns on its own when faced with the lack of exposure. A more workable strategy needs to be considered because the lockdown decreased the likelihood of being confronted by the feared social conditions after the intervention [13].

4.2.2. Exposure-based Cognitive Therapy

The benefits that virtual reality (VR) brings in exposure treatment (also referred to as virtual reality exposure therapy, or VRET) to help reduce fears and nervousness have been tested [14]. How effective that VRET is during treatment of SAD, anxiety when speaking in public as well as fear of public speeches, and other comparable illnesses is now the subject of research, and there are already a number of meta-analyses of such studies available. With strong, long-term efficacy, it is a viable therapy for SAD patients, though it's probable that the efficiency will decline as time goes by, compared to in vivo exposure. At 6 months after the involvement, in vivo exposure was much less efficient than VRET, but in vivo exposure was superior at all of the other follow-up points of time [15]. People confront their fears directly because avoiding them only serves to keep the fear at bay in the short term while making the situation worse in the long run. The cycle of avoidance is broken when people leave safe environments.

4.2.3. Systematic Desensitization

Systematic desensitization is the technique of progressively presenting a person to a trigger that generates intense anxiety and panic while instructing them to switch their fear responses to relaxing ones. The technique is an approach for getting rid of unwelcome emotional reactions to certain stimuli, especially when those unfavorable emotions are accompanied by unwanted inhibitory reactions [16]. It was found that group counseling employing the systematic desensitization method and the emotional freedom strategy had an impact on lowering anxiety during public speaking based on the Pretest, Posttest, and Follow-Up outcomes. The results of the research participants in this study might be used to prove that altering the conditions of comfort was connected to speaking nervousness. Additionally, it was essential to develop a counseling style that could reach the emotional realm [17].

4.2.4. Acceptance and Commitment Therapy (ACT)

Acceptance and commitment therapy (ACT) is a rather newly developed in which several CBT elements have been modified. This is a relatively new therapy that advocates accepting pain and the fact that happiness isn't the norm in life in the reality. Instead of trying to challenge those negative thoughts that will always repeat throughout a person's life, paying full attention to establishing one's own values and achieving them is much more important. Contrarily, when people are making every effort to control their minds, it will be more difficult to think about the real big things that matter to them. By focusing more on compassing oneself, ACT will become successful in alleviating thoughts of humiliation and rejection among students experiencing SAD [18].

To conclude, there are many ways to treat social anxiety disorder, both through medication and non-medication methods. These treatments still need to be improved in the future, so that patients can get more attention and recover more quickly.

5. Conclusions

In conclusion, this paper studies how social anxiety disorder among teenagers influences every aspect of their lives as well as different methods to treat this disorder after research on relevant articles. Adolescent social phobia continues to affect adult life in many ways, so realizing the impacts and early interventions are particularly important. The research on adolescent social phobia shown in this paper helps to compensate for the shortcomings caused by the neglect of teenagers in previous studies, and future improve the theoretical system. In a more realistic sense, misconceptions about social phobia led to many people to mistakenly believe that they have this disorder, and there is a need to popularize the relevant knowledge so that people can understand themselves correctly. The impact that SAD brings ranges from future studies to employment, since the inability to participate in social activities will lead to a decrease in efficiency. In addition, patients can get depressed easily, hesitating so much that they lose opportunities to meet new friends, which makes them an isolated part of society. Treatment is needed to make them able to communicate and ease their symptoms, and it can be a combination of medicine and non-drug therapy. Medications like beta-blockers have a significant effect during treatment, but that can vary based on people's different situations. Therapy without drugs, such as exposure-based cognitive therapy, is also included, which aims to break the cycle of fear and help patients walk out of their comfort zone. Basically, it's research that aims to increase understanding of social anxiety disorder, thus achieving the result of reducing bias over patients. Patients themselves are allowed to know their situations better and receive treatments more willingly at the same time.

However, there are still limitations to previous research, which is the focus of emphasizing on the prevalence of adults instead of teenagers. Since SAD is not as widely known as other mental

disorders, it's sometimes ignored by both the patients and their friends. That's where improvements should be focused on, starting with small things and expanding to a more inclusive social atmosphere in which there's no need to worry about feeling embarrassed. Another thing is that understanding the changing times and the impact of the pandemic is essential during this special time. From a physical perspective, the lock-down isolates people, and people may get used to the lonely times spent on their own. After the condition gets better, it's possible that they don't know how to make friends with others, or even worse, they don't want to do that at all. From observations, there is an increasing trend among teenagers that they no longer want to be part of a group activity. Peers, such as classmates and cousins, together with adults, like their parents and teachers, can both influence how intense their disorder is. They can both encourage SAD patients to actively participate in therapy and continue to aggravate their condition. What matters most is to show their care and acceptance to support patients with SAD.

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