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Research Paper

Social Media Use and Social Anxiety among Adolescents

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ABSTRACT

Online social networking sites are being used all around the world. However, only recently researchers have started to investigate their relationship with mental health. Evidence coming from literature suggests that they have both advantages and disadvantages for individuals. The current study seeks to examine the relationship between extent of social media usage and levels of social anxiety. The hypothesis states that there is no relationship between social media usage and social anxiety. The tools used to examine the same were the Social Networking Time Use Scale (SONTUS) and Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (K-GSADS-A). The sample included 60 adolescents, consisting of 30 males and 30 females. The descriptive analysis indicated a mean score of 56.75 for K-GSADS-A, indicating above average levels of social anxiety and a mean score of 18.73 for SONTUS, indicating high social media usage. The correlation coefficient after conducting statistical analysis using SPSS-23 is -0.08. The findings showed that there is no significant correlation between social media usage and levels of social anxiety among adolescents.

Keywords: *Social Media Usage, Social Anxiety, Adolescence*

Social Anxiety Disorder, also known as social phobia, is a type of anxiety disorder characterized by excessive fear, anxiety, discomfort, and self-consciousness in social settings. While it is normal for people to feel anxious in some social settings, individuals with social anxiety disorder (social phobia) have a heightened fear of interaction with others in a variety of social interactions and worry they will be scrutinized by others. This intense anxiety causes impairment in functioning and interferes significantly with the individual's life and relationships. An individual may experience physical, emotional, and behavioral symptoms of social anxiety disorder. These symptoms can significantly affect the individual's daily life and relationships. The physical symptoms of social anxiety are rapid heartbeat, dizziness, muscle tension (twitches), stomach trouble, blushing, trembling, excessive sweating and dry throat/mouth. The emotional symptoms are high levels of anxiety and fear, nervousness, panic attacks, negative emotional cycles and dysmorphia concerning part of their body (most commonly the face).

The diagnostic criteria for social anxiety disorder, as outlined in the DSM-5, includes Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others lasting for 6 months or more. Fear of acting in a way

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that will reveal anxiety symptoms that will be negatively evaluated by others. In children, the anxiety must occur when the child is among peers and not just adults. The social situations almost always cause fear and anxiety. The social situations are avoided or endured with intense fear. The fear or anxiety is out of proportion to the actual threat posed by the situation. Chhabra & Bhatia (2009) examined the incidence of social anxiety disorder in government school children of the age group was 10.3%. Females showed a higher incidence of social phobia when compared to males, and children in the age group of 14–15 years had a higher incidence of social phobia than those of the age group 16–17 years. The percentage of the sample in the pre-syndromal category or those in the high-risk category was 34.2%, clearly stating that the diagnosed cases only represented the tip of the iceberg. Since the incidence of overt disease is high, adequate measures need to be taken to reverse the process as most of the cases belonged to the moderate and marked category which can be easily treated with medications and cognitive behavioral therapy. Also, the pre-syndromal cases can be taken up for proper counseling so they do not develop the disease. Health education, not only of students, but teachers and family members can be of great importance and give us a great impetus in curbing the disease. These steps if taken early, can lead to a better prognosis.

Further research should be done on different subsets of children, differing in only one variable, so as to establish the definite causal relationship of the variable with the disease. These children should be screened for other associated disorders. Recent studies have noted a significant uptick in depression and suicidal thoughts over the past several years for teens, especially those who spend multiple hours a day using screens, and especially girls. But many of the pressures teenagers feel from social media are actually consistent with developmentally normal concerns around social standing and self-expression. Social media can certainly exacerbate these anxieties, but for parents to truly help their children cope, they should avoid making a blanket condemnation. Instead, parents should tailor their approach to the individual, learning where a particular child's stressors lie and how that child can best gain control of this alluring, powerful way to connect with peers.

Many experts have described a rise in sleeplessness, loneliness, worry, and dependence among teenagers — a rise that coincides with the release of the first iPhone 10 years ago. One study found that 48 percent of teens who spend five hours per day on an electronic device have at least one suicide risk factor, compared to 33 percent of teens who spend two hours a day on an electronic device. We've all heard anecdotes, too, of teens being reduced to tears from the constant communication and comparisons that social media invites.

Through likes and follows, teens are "getting actual data on how much people like them and their appearance," says Lindsey Giller, a clinical psychologist at the Child Mind Institute who specializes in youth and young adults with mood disorders. "And you're not having any break from that technology." There have been teens with anxiety, poor self-esteem, insecurity, and sadness attributed, at least in part, to constant social media use.

But the connection between anxiety and social media might not be simple, or purely negative. Correlation does not equal causation; it may be that depression and anxiety lead to more social media use, for example, rather than the other way around. There could also be an unknown third variable — for instance, academic pressures or economic concerns — connecting them, or teens could simply be more likely to admit to mental health concerns now than they were in previous generations.

Learning how to make friends is a major part of growing up, and friendship requires a certain amount of risk-taking. This is true for making a new friend, but it's also true for maintaining friendships. When there are problems that need to be faced—big ones or small ones—it takes courage to be honest about your feelings and then hear what the other person has to say. Learning to effectively cross these bridges is part of what makes friendship fun and exciting, and also scary. "Part of healthy self-esteem is knowing how to say what you think and feel even when you're in disagreement with other people or it feels emotionally risky," notes Dr. Steiner-Adair.

But when friendship is conducted online and through texts, kids are doing this in a context stripped of many of the most personal—and sometimes intimidating—aspects of communication. It's easier to keep your guard up when you're texting, so less is at stake. You aren't hearing or seeing the effect that your words are having on the other person. Because the conversation isn't happening in real time, each party can take more time to consider a response. No wonder kids say calling someone on the phone is "too intense"—it requires more direct communication, and if you aren't used to that it may well feel scary.

If kids aren't getting enough practice relating to people and getting their needs met in person and in real time, many of them will grow up to be adults who are anxious about our species' primary means of communication—talking. And of course, social negotiations only get riskier as people get older and begin navigating romantic relationships and employment.

Dr. Steiner-Adair agrees that girls are particularly at risk. "Girls are socialized more to compare themselves to other people, girls in particular, to develop their identities, so it makes them more vulnerable to the downside of all this." She warns that a lack of solid self-esteem is often to blame. "We forget that relational aggression comes from insecurity and feeling awful about yourself and wanting to put other people down so you feel better."

Humans are social creatures. We have a strong need to be liked, valued, and approved of by others. As a result, we create sophisticated social structures and hierarchies that determine the individual's value. Ostracism from the social group negatively impacts a variety of health-related variables, including one's self-esteem and sense of belonging (Baumeister & Leary, 1995). Similarly, restricting social relationships is viewed as a punishment. For example, severe violations of social norms can lead to imprisonment, which limits the individual's social contacts. Moreover, a violation of prison rules can lead to a further restriction of social contacts and even solitary confinement. Due to the importance of social relationships, humans naturally fear negative evaluation by their peers.

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The maladaptive expression of this evolutionarily adaptive concern is social anxiety disorder (SAD). The epidemiological literature reports lifetime prevalence rates of SAD in Western

countries ranging between 7% and 12% of the population (Furmark, 2002; Kessler, Berglund, Demler, Jin, & Walters, 2005). SAD affects men and women relatively equally, with the average gender ratio (female:male) ranging between 1:1 (Moutier & Stein, 1999) and 3:2 (Kessler et al., 2005) in community studies. SAD often begins in the mid-teens but can also occur in early childhood. During childhood, SAD is often associated with shyness, behavioral inhibition, overanxious disorder, mutism, school refusal, and separation anxiety. If the problem is left untreated, it typically follows a chronic, unremitting course and leads to substantial impairments in vocational and social functioning (Stein & Kean, 2001).

There is a considerable degree of variance among individuals with SAD in the number and type of situations they fear. Examples of social interactions that are associated with social anxiety include performance situations, such as speaking, eating or writing in public, initiating or maintaining conversations, going to parties, dating, meeting strangers, or interacting with authority figures (for a review, see Hofmann, Heinrichs, & Moscovitch, 2004). This high degree of heterogeneity of feared situations introduces a challenge for diagnosing SAD. In addition, excessive fear is not the only emotion that is experienced by individuals with this disorder. Shyness, embarrassment, self-consciousness, and even anger are other affective states that are often reported by people with social anxiety and SAD. This poses complicated nosological problems.

When SAD was first introduced as a diagnostic category in the DSM (American Psychiatric Association, 1980), it was conceptualized similarly to specific phobia. Specifically, the DSM-III stated that "both Social and Simple Phobias generally involve a circumscribed stimulus…When more than one type is present, multiple diagnoses should be made" (p. 225). The DSM-III did not recognize the fact that most individuals with SAD fear multiple social situations when it stated: "generally an individual has only one Social Phobia" (p. 227). Furthermore, the diagnosis of SAD was ruled out if the individual met diagnostic criteria for avoidant personality disorder (APD). These diagnostic criteria underwent significant changes with the publication of the DSM-III-R (American Psychiatric Association,1987) and then later the DSM-IV (American Psychiatric Association, 1994). Specifically, the diagnostic specifier "generalized subtype" was introduced to describe individuals who fear "most or all" social situations (p. 417). Furthermore, the diagnosis of SAD was no longer ruled out if the person also met criteria for APD. These diagnostic criteria are likely to undergo further changes with the next publication of the DSM. As one of the advisors to the DSM-V Task Force, there was lively controversies and disagreements with regards to SAD among my colleagues.

Contemporary treatment protocols for SAD include cognitive therapy (CT), behavior therapy, social skills training, and more recently, interpersonal psychotherapy. Of those interventions, CT and behavioral therapy—usually subsumed under the general term cognitive behavioral therapy (CBT)—are the most validated approaches (Hofmann & Otto, 2008). CBT was initially developed based on Beck and Emery's (1985) cognitive therapy for anxiety disorders. Although well-controlled clinical trials suggest that the original formulation of CBT for SAD is statistically more effective than no treatment or a placebo-control condition, a significant subset of patients fail to achieve optimal benefit from this treatment (Heimberg et al., 1998). Newer CBT approaches focus on modifying safety behaviors and self-focused attention, among other cognitive strategies (Clark et al., 2006; Hofmann, 2007). These strategies seem to be associated with greater treatment efficacy than the earlier CBT approaches (e.g., Clark et al., 2006). However, a replication of these promising findings is needed. Moreover, a number of other maintaining factors have been

identified but have not yet been incorporated into CBT protocols. Finally, it is worthwhile to examine the efficacy of other treatment approaches and to explore the mechanism of treatment change. Considering these variables might further enhance the efficacy of treatment for this severe and prevalent disorder.

The current issue will present a number of exciting new developments in social anxiety and SAD. The articles include new research on the development, psychopathology, and treatment of social anxiety and SAD. The first article by Majdandžić, Vente, and Bögels examined rearing histories of individuals with and without social anxiety who become first-time parents. The results of this study showed that women who rated their mother lower on encouragement of autonomy and higher on rejection were more likely to have SAD. However, no association between rearing history and social anxiety or SAD was observed in men. Furthermore, fathers did not seem to have an influence on the development of SAD. Thus, the results of this study suggest that perceived maternal rejection is specifically related to social anxiety disorder in women who become first-time mothers.

Kashdan and Collins present an innovative method for studying social anxiety, using an ecological momentary assessment approach. This approach is based on recent research showing that social anxiety is associated with diminished positive affect and elevated anger. Results demonstrated that social anxiety was associated with more time spent feeling angry and less time spent feeling happy and relaxed throughout the day. Furthermore, people with high social anxiety reported fewer and less intense positive emotions and greater anger episodes across social and nonsocial situations. This fascinating study not only points to an exciting new method for studying social anxiety, but also highlights the importance of anger and low positive affect for social anxiety. Anger and low positive affect have been all but ignored in the social anxiety literature. Kashdan and Collins's research opens up new and creative ways for studying and treating SAD.

The study by Bitran and Hofmann examined the effect of affect on social cost bias, a particular cognitive bias that occupies a central role in contemporary CBT models. Using an experimental manipulation, the authors showed that affect manipulation resulted in changes in estimated social cost. However, this effect was not specific to individuals with social anxiety disorder. Furthermore, individuals who received a positive affect instruction had the highest social cost estimates after a social challenge task. These results suggest that the social cost bias is influenced by the affective state in socially anxious and non-anxious individuals. This effect could lead to more effective treatment strategies through manipulating the person's affective state in the therapeutic setting.

The study by Stangier, Von Consbruch, Schramm, and Heidenreich explored the common factors that might underlie CBT and interpersonal therapy (IPT). Using patients' and therapists' ratings, the results showed that the treatment conditions differed significantly on several subscales of therapists' ratings. As expected, CT was rated as focusing more on the mastery of problems. Moreover, and unexpectedly, therapists also reported using resource activation and motivational clarification more in CT than in IPT. Furthermore, outcome was predicted by resource activation and problem activation. This study highlights the importance of exploring the mechanism of treatment change by comparing two active psychological treatments. The results demonstrate that common factors are important variables that need to be considered. The authors provide an excellent template for studying these factors, which have been notoriously difficult to study.

The final article by Chaker, Hofmann, and Hoyer examined the efficacy of a one-weekend group therapy for the fear of blushing, a specific syndrome that is usually subsumed under the diagnostic category of SAD. The intensive treatment, which consisted of a combination of attention training and behavioral therapy, was well accepted and significantly reduced the fear of blushing. This open-label study is promising and calls for further investigation.

METHODOLOGY

Sample

The sample comprised of sixty persons. The children between the ages of 13 and 19 years were included in the study. They were administered the questionnaires which was subsequently scored.

Instruments

Two measures were used in this study,

- **Social Networking Time Use Scale (SONTUS):** The construct validity and reliability analysis of the instrument (SONTUS) was elicited through the design of self-rated questionnaire; and in accordance with Cronbach's (1971) recommendation on the development of a new scale, representative items from a universal pool were drawn in order to ensure content validity. To validate the items in the questionnaire, it employed the following methods of validation: translational validity (i.e., content and face validity), factor analysis and reliability test of internal consistency. The first validation method we employed when developing SONTUS is content validity, and according to DeVon et al. (2007), content validity ensures the items in the questionnaire reflect a complete range of the attributes under investigation. Although, face validity has been described as the weakest form of validity because of its subjective assessment nature (Trochim, 2001); it however provides insight into how the potential participants might interpret and respond to the items (DeVon et al. 2007).
- **Kutcher Generalised Social Anxiety Disorder Scale for Adolescents (K-GSADS-A):** The K-GSADS-A is a new, clinician-rated instrument for assessing the severity of social phobia in adolescents (11–17 years) and for measuring treatment outcome. The K-GSADS-A has three sections, each reflecting different aspects of social phobia. A list of items describing different social situations in which adolescents may feel exposed to possible scrutiny by others (strangers and peers) was drafted, in accordance with DSM-IV diagnostic criteria for social phobia. The ratings of discomfort and avoidance should reflect a clinical judgement of actual situations. Four subscale scores are calculated: i. Fear and Anxiety (the sum of Section A's 18 discomfort ratings); ii. Avoidance (the sum of Section A's 18 avoidance ratings); iii. Affective Distress (the sum of Section C's "affective" item scores); and iv. Somatic Distress (the sum of Section C's "somatic" item scores).

Procedure

After formulating the research problem from Review of Literature, the probable tools are brainstormed. Two pre-established tools: SONTUS and K-GSADS-A along with a socio-demographic profile are administered. Based on the exclusion and inclusion criteria, the sample of the study consisted of 60 respondents, 30 males and 30 females. After rapport formation and acquiring consent of the participants, the socio-demographic form is completed by them followed by administration of SONTUS and K-GSADS-A. The completed forms are collected, and the participants are thanked for their time. The scoring for the tools is done using SPSS-23, Pearson's Correlation Coefficient. In order to

understand the relationship between social media usage and levels of social anxiety, the results obtained from the statistical analysis are examined. The discussion report is formulated on the basis of the said analysis.

RESULTS

Table No. 1. N, Mean and SD of SONTUS scale and K-GSADS-A scale

Variable	Scale	N	Mean	SD
Social Anxiety and Social Media Use	K-GSADS-A	60	56.75	18.884
	SONTUS	60	18.73	5.449

Table 1 indicates the sample size, mean and standard deviation for the sample size (N) of 60 consisting of 30 males and 30 females on the two scales that were administered i.e., K-GSADS-A scale to examine their levels of social anxiety and SONTUS scale to assess their extent of social media use, wherein the mean values are 56.75 and 18.73 respectively. The standard deviation is 18.84 for K-GSADS-A scale and 5.45 for SONTUS scale.

Table No. 2. Scores on Correlation test.

Variable	Scale	R	p
Social Anxiety and Social Media Use	K-GSADS-A, SONTUS	-.082	.533

Note: $p<0.05$, $N=60$*

Table 2 indicates the Pearson's correlation coefficient (r) value of -0.082, which indicates significantly low and negative correlation. This was obtained for the two scales which were administered i.e., K-GSADS-A scale to examine their levels of social anxiety and SONTUS scale to assess their extent of social media use. The p-value is 0.53 which is greater than the significance value of 0.05, which indicates no significant relation between social media use and levels of social anxiety among adolescents.

DISCUSSION

The current study seeks to examine the relation between extent of social media use on levels of social anxiety. The hypothesis states that there is no relation between social media use and social anxiety levels. Previous research has found both positive and negative correlations between the use of social networking sites and mental wellness. The negative interactions and social comparisons on social networking sites were related to higher levels of anxiety. However, displays of social support and social connectedness on social networking sites were related to lower levels of anxiety. In addition, the use of social networking sites was related to lower levels of loneliness, and higher levels of self-esteem and satisfaction with life. The findings of the meta-analysis suggested that use of social networking sites may have both benefits and detractors for those with social anxiety disorder—a lot may depend on the individuals and how the sites are used. The results from the statistical analysis conducted on the data obtained after administering both the scales (SONTUS and K-GSADS-A) stated that there was no significant relation between social media use and social anxiety.

As internet use becomes increasingly integral to modern life, the hazards of excessive use are also becoming apparent. Prior research suggests that socially anxious individuals are particularly susceptible to problematic internet use. This vulnerability may relate to the perception of online communication as a safer means of interacting, due to greater control

over self-presentation, decreased risk of negative evaluation, and improved relationship quality (Lee and Stapinski, 2012). Social anxiety was confirmed as a significant predictor of problematic internet use when controlling for depression and general anxiety. Social anxiety was associated with perceptions of greater control and decreased risk of negative evaluation when communicating online, however perceived relationship quality did not differ. Negative expectations during face-to-face interactions partially accounted for the relationship between social anxiety and problematic internet use. There was also preliminary evidence that preference for online communication exacerbates face-to-face avoidance.

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Conflict of Interest

The author(s) declared no conflict of interest.

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