

WITHDRAWN: Researching Social Anxiety in an Online Sample of Patients

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Research Article

Keywords: social anxiety, social phobia, consciousness, social fear

Posted Date: December 3rd, 2021

DOI: <https://doi.org/10.21203/rs.3.rs-1134881/v1>

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EDITORIAL NOTE:

The full text of this preprint has been withdrawn by the authors while they make corrections to the work. Therefore, the authors do not wish this work to be cited as a reference. Questions should be directed to the corresponding author.

Abstract

Objective

The research paper is discussing and investigating the disorder of social anxiety in terms of psychology and mental health.

Methods

A Psycom Social Anxiety Test was conducted on a sample of online patients (n = 41) with social anxiety to use this data in further research for social anxiety disorder.

Results

The data showed a moderate correlation between the question “Are you extremely conscious of your actions when in social settings because you fear they might offend someone or you could be rejected?” and the question “Are your work life, home life, social life, and/or relationships affected by your anxiety?”.

Conclusion

There is a relation between the consciousness of the actions and the social life so social anxiety arises in those objects who suffer from social fear.

Introduction

Social anxiety is a persistent fear of social situations. Social anxiety is common and occurs in about 13% of the population. It can accompany other disorders as depression and dysthymia. The diagnosis of social anxiety includes panic disorder, atypical depression, agoraphobia, and body dysmorphic disorder. Its treatment can be a bit effective and consists of pharmacotherapy (including such medications as β -blockers, anxiolytics, antidepressants, and anticonvulsants), psychotherapy, or a combination.

A secondary analysis study of dataset was created by Edelman Intelligence for a market research campaign by Clear and Unilever exploring lifestyles and the use of hair care products that was commissioned. participants completed a 20-minute online questionnaire containing measures of social anxiety, social media usage, resilience, and questions related to functioning across various life domains. 6,825 participants involved in the study. Conclusion detects higher rates of social anxiety symptoms.

A group of researchers searched the Cochrane Common Mental Disorders Controlled Trials Register of pharmacotherapy of social anxiety disorder (SAD). The outcome of treatment response found, compared with placebo, very low-quality evidence of treatment response for selective serotonin reuptake inhibitors

(SSRIs) (number of studies (k) = 24, risk ratio (RR) 1.65; 95% confidence interval (CI) 1.48 to 1.85, N = 4984). The secondary outcome of SAnD symptom severity, there was benefit for the SSRIs, MAOI, the antipsychotic olanzapine, the SNRI venlafaxine, RIMAs, benzodiazepines, and the noradrenergic and specific serotonergic antidepressant (NaSSA) atomoxetine in the reduction of SAnD symptoms, but most of the evidence was of very low quality.

In adolescents, social anxiety is associated with impairment which persists to adulthood. There are obvious potential benefits for delivering effective interventions during adolescence. Social anxiety disorder is the third common mental health disorder after depression and substance abuse, with prevalence rates of around 12%. Bruce et al reported results of a US-based community study in which adults with various anxiety disorders were followed up for 12 years. At the start of the study, individuals suffered with social anxiety disorder for 19 years on average, and over the next 12 years only 37% recovered. This is compared with recovery rates of 58% for generalized anxiety disorder and 82% for panic disorder without agoraphobia.

Patients with SAD who have conversely psychiatric disorders are more prone to have increased treatment resistance, symptom severity, and decreased functioning (such as dropping from school or missed days at work) and they have higher rates of suicide compared to ones without comorbidity. Patients with SAD who have conversely major depression MD have increased risk of relapse, SAD severity, and decreased functionality. Especially, lack of social support may cause higher probability of suicide in patients with SAD and more severe depressive episodes.

Individuals diagnosed with social anxiety disorder were demanded to participate in the VR therapy program of a research project in Art & Technology Lab at the Korean National University of Arts designed VR environments using the Unity game engine (Unity Technologies). The intervention for social anxiety symptoms consisted of 3 stages (introduction, core, and finishing) and was divided into 3 levels (easy, medium, and difficult). All participants used a VIVE VR headset, and the participants' heart rates, skin galvanic response, and eye movements were measured during the VR experience.

A version of the Personal Relevance Rating Task (PRRT) was used for an fMRI task for studying social anxiety. Each stimulus word was pointed onto an angled mirror headed on the head coil for 2 seconds using E-prime software (Psychology Software Tools). The task consisted of 2 runs with a duration of 9 minutes 22 seconds per run, and each run included 40 trials (yielding a total of 80 trials). Between experimental stimuli, a mask (row of X's; 10.8 seconds) and a fixation cue (1 second; row of X's with prongs around the center X) were presented. The order of presentation of all stimuli was counterbalanced.

Some data were derived from the Dresden Prediction Study (DPS), a prospective epidemiological study designed to collect data on the prevalence rates, course, incidence, and risk factors of mental disorders in young women. Women with a baseline social anxiety disorder mostly feared public speaking (Mdn = 4.00, M = 4.04, SD = 2.12; possible range of anxiety severity: 0–8, with 0 = no anxiety and 8 = very severe anxiety). starting a conversation (Mdn = 2.00, M = 1.95, SD = 1.92), less feared situations were talking to

people in authority ($Mdn = 2.00$, $M = 2.21$, $SD = 1.95$), rejecting a senseless claim or asking someone to change his or her behavior ($Mdn = 1.00$, $M = 1.77$, $SD = 1.65$), and talking to strangers ($Mdn = 1.00$, $M = 1.45$, $SD = 1.73$). Women with less feared situations were heights ($Mdn = 0.00$, $M = 1.66$, $SD = 2.20$) a baseline specific phobia feared animals ($Mdn = 4.00$, $M = 3.99$, $SD = 2.60$; possible range of anxiety severity: 0–8, with 0 = no anxiety and 8 = very severe anxiety). and blood, injuries, and injections ($Mdn = 0.58$, $M = 1.12$, $SD = 1.50$). As expected, the means of clinical severity in women with a baseline social anxiety disorder and specific phobia were above the clinical cut-off of 4, providing further evidence that these individuals can be clinically severe (baseline social anxiety disorder: $Mdn = 4.00$, $M = 4.24$, $SD = 1.30$; baseline specific phobia: $Mdn = 4.00$, $M = 4.32$, $SD = 1.25$).

A total of 503 participants were interviewed with a response rate of 100%. The mean age of the respondents was 22.17 (± 10) years. In the multivariable analysis, poor social support (AOR = 2.8, 95% CI 1.40, 5.60), female sex (AOR = 2.3; 95% CI 1.50, 3.60), 1st-year students (AOR = 5.5; 95% CI 1.80, 17.20), and coming from a rural residence (AOR = 1.6; 95% CI 1.00, 2.40) were factors significantly associated with social phobia symptoms.

A cross-sectional study was conducted on a stratified sample of 523 undergraduate students to identify the prevalence, correlates of social anxiety disorder, and impacts on quality life. All participants completed the Social Phobia Inventory, Liebowitz Social Anxiety Scale, and World Health Organization Quality of Life-Brief Form, Turkish Version (WHOQOL-BREF-TR). 69.4% and 17.4% of the students had mild to moderate symptoms of social anxiety disorder, respectively. 26% were screened positive for social anxiety disorder. WHOQOL BREF-TR scores detected that students with social phobia had significantly lower quality of life quality than those without social phobia.

A study tested a SAD-specific exposure-based group treatment in a randomized controlled trial with 74 children (aged 8 to 12 year) with SAD. Compared to parents of children in a waitlist control (WLC) group, parents of children in a CBT group reported a greater decrease in symptoms (CBT: $d = 1.02$, WLC: $d = 0.06$), but children did not differ on two measures of social anxiety.

Materials & Methods

A psycom social anxiety test was conducted on online patients with SAD of 41 patients. The test was conducted by interval scale ranged from 0 to 4.

Procedures:

The sample completed a psycom test consists of 10 questions ranged in answer from Never, Rarely, Sometimes, Often, Very often. Each sample was represented and the data were collected using Microsoft Excel. The correlation was calculated using the correlation function.

Heat map:

(See Image 1)

Most nationalities were from United States and Europe. The rest were from Australia, South Africa, Egypt, India, and Brazil.

The most common answers to the questions were sometimes, often, and very often.

Sample of the answers statistics:

(See Image 2)

Results

The data showed a correlation between the question “Are you extremely conscious of your actions when in social settings because you fear they might offend someone or you could be rejected?” and the question “Are your work life, home life, social life, and/or relationships affected by your anxiety?” with a result of 0.365 representing a moderate correlation. As well, a moderate correlation of 0.529 was noticed in the questions “Do you avoid social situations because of fear or anxiety?” and “Are you extremely conscious of your actions when in social settings because you fear they might offend someone or you could be rejected?”, “Do you experience significant worrying about being in certain social situations which is out of proportion to the threat posed by the social situation?” and “Are your work life, home life, social life, and/or relationships affected by your anxiety?”. Another moderate correlation of 0.692 was noticed between the two questions “Do you fear that you will be negatively evaluated by others when in social situations?” and “Is it easy to imagine that others are judging you as anxious, weak, crazy, stupid, boring, intimidating, dirty, or unlikeable when you are in a group setting?”.

Scatter Chart:

(See Image 3)

This scatter chart measures the relation between the sets of the choices ranged between: Never, Rarely, Sometimes, Often, Very often. Each one has taken a number from 0 to 4. The chart shows a great probability of Very often.

Sum of 4 by 42:

Row Labels	Sum of 4
1	7
2	21
3	31
4	47
Grand Total	106

This is a table shows the sum of the variables of 4 by 42.

Stacked column chart:

(See Image 4)

This is a stacked column chart represents the data series one stacked over the other for the 10 questions of the Psycom social anxiety test.

Conclusion

The results show a significant relation between the actions self awareness and life affection with social anxiety as well as a relation between social situations avoidance and actions self awareness, fear of being negatively evaluated and imagination of being judged.

Declarations

Conflict of interest:

There is no conflict of interest.

I declare that the tools: questionnaire and the whole study design was approved by Kafrelsheikh University and Kafr Elsheikh Psychology Society.

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Figures



Figure 1

Image 1. Heat map

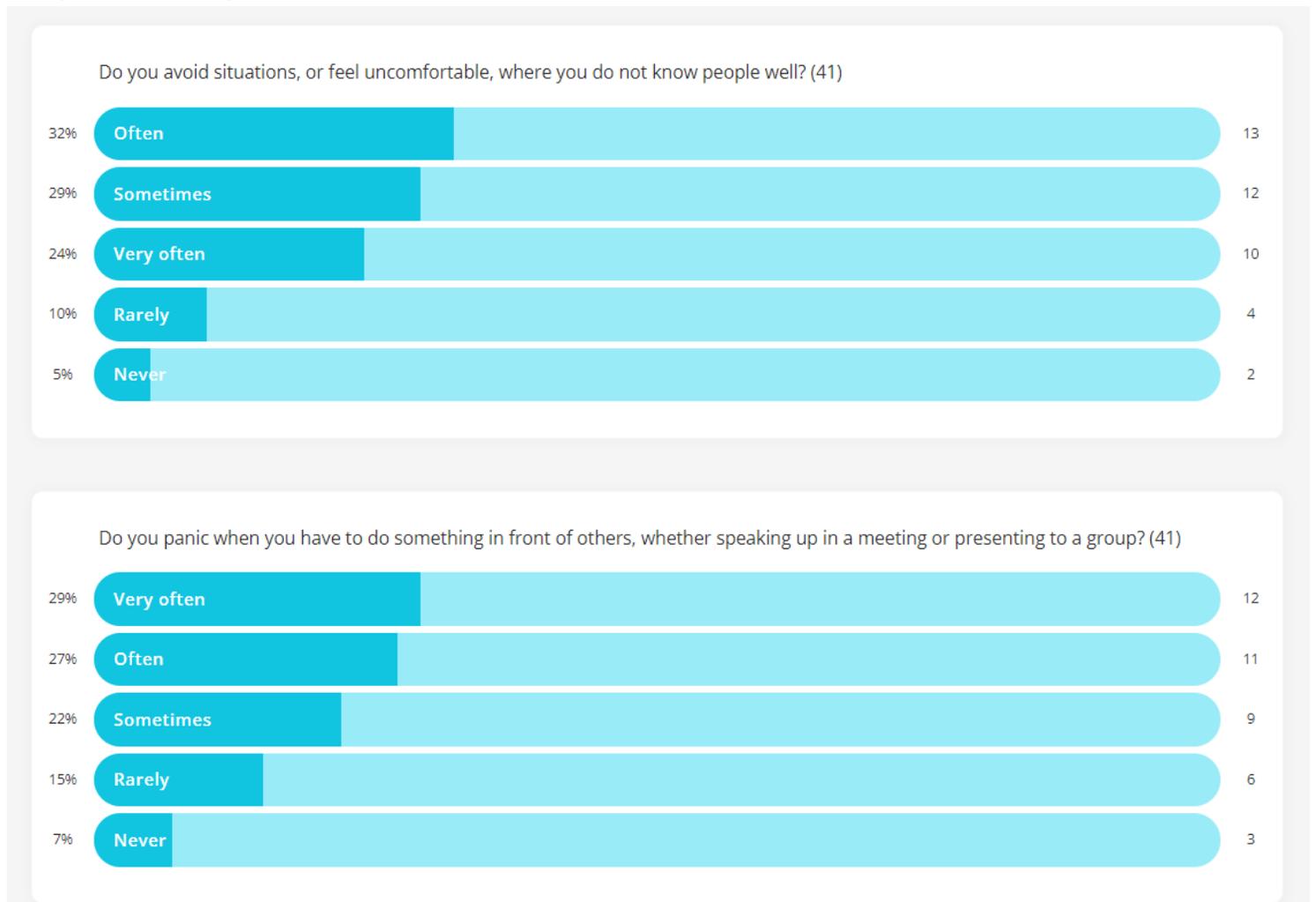


Figure 2

Image 2. Sample of the answers statistics

Scatter Chart

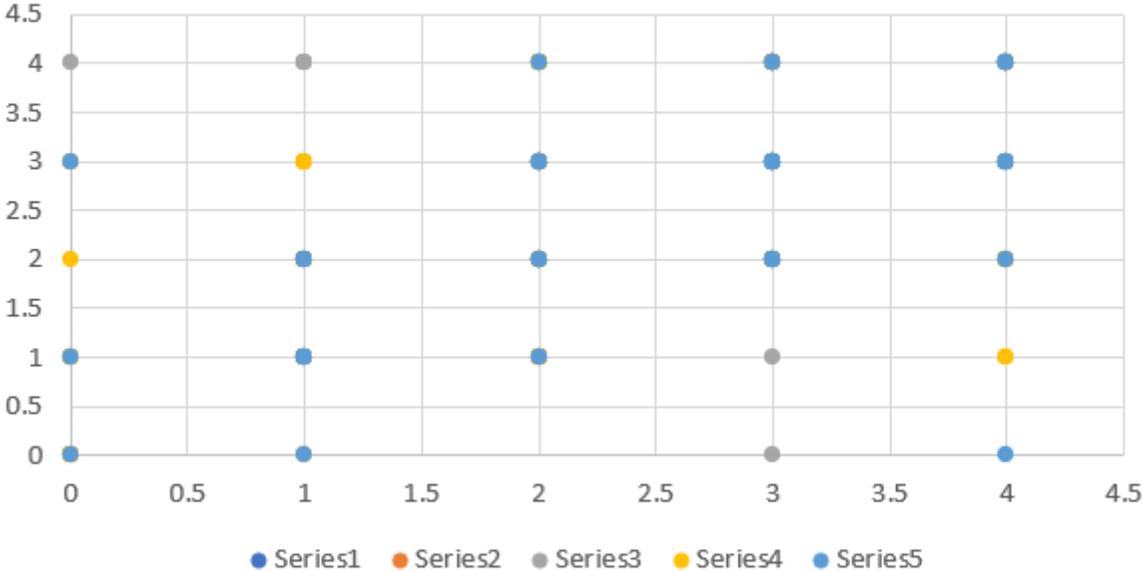


Figure 3

Image 3. Scatter Chart

Stacked Column Chart

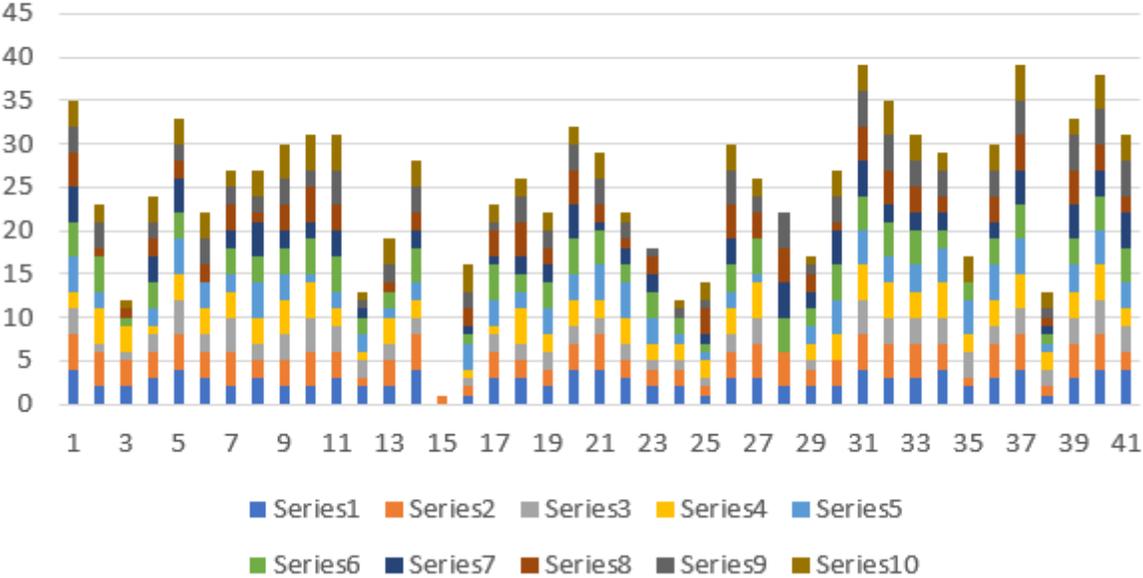


Figure 4

Image 4. Stacked column chart