

Social Anxiety in Iranian Adolescent Students based on Clark and Wells Cognitive Model (1995)

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Abstract

Background: Existence of social anxiety in adolescents have been examined in various cognitive behavioral models such as Clark and Wells Cognitive Model that has been tried to justify the maintenance of this anxiety in them. The present study aimed to investigate the correlation between the variables of Clark and Wells (1995) Cognitive Model and Social Anxiety in Iranian Adolescent students.

Methods: This was a cross-sectional descriptive study; a student sample (N=220) was selected from Parsian and Asaluyeh schools in 2021-2022. An online form was used to collect data on Social Anxiety Scale for Adolescents (SAS-A), Social Phobia Weekly Summary Scale (SPWSS), Focus of Attention Questionnaire – Self-focus subscale (FAQ-S), Report of Youth Social Cognitions (RYSC), Subtle Avoidance Frequency Examination (SAFE), Post-event Processing Questionnaire-5 item version (PEPQ-5), and Birleson Depression Self-Rating Scale (DSRS). Pearson correlation and regression analysis were used for data analysis.

Results: A positive correlation was found between social anxiety and anticipatory processing ($P<0.001$, $r=0.33$), maladaptive social-evaluative beliefs ($P<0.001$, $r=0.58$), safety behaviors ($P<0.001$, $r=0.63$), and post-event processing ($P<0.001$, $r=0.28$). The high socially anxious group had significantly greater scores on the social anxiety measure and all the maintaining factors ($P<0.001$) except the self-focus measure ($P=0.235$).

Conclusion: The study results suggested that there is a positive correlation between the variables of Clark and Wells (1995) Cognitive Model and Social Anxiety in Iranian adolescent students.

Keywords: Social phobia, Adolescence, Cognitive-behavioral intervention

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1. Introduction

About two percent of Iranian children and teenagers suffer from social anxiety disorder (1). Social anxiety disorder (SAD) or social phobia is a fear with signs of social situations in which the individual may be checked by other humans (2). Cognitive behavioral models of SAD emphasize the role of various cognitive and behavioral factors in the maintenance of SAD (3-6). For example, Clark and Wells Cognitive Model (1995) assumes that attempts should be made to explain the preservation of the disorder and describe why individuals with SAD do not benefit from the average confrontation provided by their everyday interactions with others. Based on this model, social anxiety is seen as an extract from maladaptive beliefs about the self and social world, which causes individuals with social anxiety disorder to interpret social situations in an extremely negative manner (7). Thus, negative distortions are maintained by four processes:

a) they may widely use safety behaviors that contain overt avoidance intended to prevent fear of disaster; this is the result of the maintenance of negative beliefs and greater fear symptoms, leading to treating others in ways that are likely to exhibit less friendly behaviors, b) heightened self-focused attention, which is related to a decrease in the observation of other people and their behaviors, c) the individual may also use misleading internal information including emotions and self-images to make more than enough negative inferences about how they appear in front of others, and finally, they may engage in pre- and post-event negative bias. Safety behaviors are formulated as anything the individuals do or avoid to prevent their realized social fears (7). For example, individuals who fear other people attending how anxious they are in social situations may use obvious avoidance, for instance avoiding social situations or not speaking in the situation (3). Alternatively, they may use more subtle forms of avoidance such as avoiding

in adolescent students based on the Clark and Wells' model leads to decrease their social anxiety. Accordingly, individual self-awareness and social interactions in between teenagers will increase. According to Kilford and colleagues, in addition to increased self-consciousness, teenagers are also normally very sensitive to peer group influence as adolescence is a critical stage of social learning. Moreover, social relationships during adolescence are especially valuable, and this in turn affects social interactions (37).

As explained, self-focused attention did not anticipate social anxiety. This can be explained by the way that the study participants focused on the external signs of threat caused by a given social situation. Our findings were in agreement with those of the studies by Rapee and Heimberg (38), Schultz and Heimberg (39), and Clark and Wells (3). However, Rapee and Heimberg's model (38) was not consistent with Clark and Wells model (1995) as internal self-focus is mostly significant in Maintain Social Anxiety Disorder. Thus, Schultz and Heimberg (39) reviewed the evidence for both models of Rapee and Heimberg (38) and Clark and Wells (3) and demonstrated remarkable empirical support for the claim that individuals with social anxiety disorder devoted attentional resources to external threat and internal resources of threat; however, according to Clark and Wells model (1995), self-focus is mostly significant in Maintain Social Anxiety Disorder (3).

Generally, our results were in line with previous studies, offering cognitive components to social anxiety in Iranian teenage population. Also, 47% of the variance of main scale was explained by the cognitive model; thus, it seems that this model (3) not only is applicable to non-clinical teenage groups, but also can be applied to clinical groups of Iranian teenagers with social anxiety. Leigh and Clark (20) examined the potential application of adult cognitive model of Clark and Wells (3) to understand the teenagers' social anxiety and proposed that a developmentally sensitive adoption of this model of SAD for teenagers may lead to greater psychotherapy outcomes. Hence, given the working models of social anxiety disorder in Iranian teenagers, effective treatments can be designed for teenagers. It would be interesting to specify the extent to which other factors, such as family performance, parents' level of anxiety, and peer influence can anticipate social anxiety.

According to the findings of the present study, it is proposed that the role of external and internal symptoms in the conservation of social anxiety disorder should be investigated in future studies by comparing the models proposed by Clark and Wells (3) and Rapee and Heimberg (38).

4.1. Limitation

One of the limitations of the present study is that some students did not complete the questionnaires and some others completed the questionnaires incompletely; on the other hand, the collected data were self-reported. Another limitation of the study is that our findings can be generalized to Iranian teenagers, so generalizing the results to other age groups should be done with caution.

5. Conclusion

Iranian adolescent students, anticipatory processing, maladaptive social-evaluative beliefs, safety behaviors, and post-event processing had a correlation with social anxiety; also, the high socially anxious groups obtained significantly greater scores on the social anxiety measure and all the maintaining factors except self-focus measure.

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Ethical Approval

This research was approved by Ethics Committee of Shiraz University of Medical Sciences with the code of IR.SUMS.REC.1400.625. Also, written informed consent was obtained from the participants.

Authors' Contribution

Ali Ghasemi: Substantial contributions to the