

Social phobia and addictive behaviours in adolescents

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Abstract

Adolescence is the age of discordance: abandonment of ideas and feelings, perpetual becoming, eternal change, everything presupposes contradiction. It is the age of speeds and disappointments. Pessimism alternates with enthusiasm for a new idea or for a noble cause, hence the affective ambivalence. This paper aims to identify some behavioural aspects and personality traits of adolescents of two categories, adolescents from two-parent families and those from single-parent families. To verify the work hypothesis, we applied the Scale for assessing adolescent disorders - short form, the sample population includes 90 adolescents who are part of single-parent and two-parent families, 45 male subjects and 45 female subjects. Based on the results there is a significant difference between adolescents from biparental families and adolescents from monoparental families, in terms of generalized anxiety, substance addiction and eating disorder. People with high levels of anxiety are often convinced that they will act in the wrong way or that someone else will judge them.

Keywords: social phobia, addictive behaviors, adolescents, abandonment, feelings

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1. Introduction

Adolescence is the age of discord characterised by the abandonment of ideas and feelings, perpetual becoming, eternal change and everything involves contradiction. It is the age of whims and disappointments. Pessimism alternates with enthusiasm for a new idea or a noble cause, hence the affective ambivalence.

Adolescence is a period of development during which the transition from childhood to adulthood takes place. The beginning is located around the age of 11–12 years (puberty) and the end is placed around the age of 18 years.

Adolescence is a period of unique vulnerability to the development of addiction (Spear, 2000). Not only are adolescents more likely to initiate and maintain drug use, but once addicted, they are more resistant to treatment and more likely to relapse (Catalano et al., 1990). Statistics have shown that those who start drinking alcohol at a younger age are more likely to become addicted later. About 33% of the population tasted their first alcohol between the ages of 15 and 17, while 18% had experienced it even earlier. In terms of alcohol abuse or addiction, the numbers start from the beginning with those who first drank before they were 12 years old and then quit afterwards. For example, 16% of the alcoholics started drinking before the age of 12, while only 9% first reached alcohol between the ages of 15 and 17. This percentage is even lower, at 2.6%, for those who started first after 21 years (Alcohol Rehab, n.d.).

There are a number of genetic and environmental risk factors for the development of a population-dependent dependence (Vassoler & Sadri-Vakili, 2014). About half of an individual's risk of developing an addiction is derived from genetics, while the other half is derived from the environment (Diamond, 2013). However, even in people with a relatively low genetic load, exposure to sufficiently high doses of addictive drugs for a long period of time (e.g., weeks/months) can lead to addiction (Diamond, 2013). In other words, anyone can become addicted under the right circumstances.

It has long been established that genetic factors together with social and psychological factors contribute to addiction. A common theory in this regard is the self-medication hypothesis. Epidemiological studies estimate that genetic factors account for 40%–60% of risk factors for alcoholism. Similar heritability rates for other types of drug dependence have been indicated by other studies. Knestler hypothesised in 1964 that a gene or group of genes could contribute to predisposition of addiction in several ways. For example, altered levels of a normal protein due to environmental factors could then change the structure or function of specific brain neurons during development. These altered neurons in the brain could change an individual's susceptibility to an initial drug experience. In support of this hypothesis, animal studies have shown that environmental factors, such as stress, can affect the animal's genotype (Clarke et al., 2013).

Overall, data involving specific genes in the development of drug addiction are mixed for most genes. One reason for this may be that this case is due to an emphasis of current research on common variants. Many addiction studies focus on common variants with an allele frequency of more than 5% in the general population; however, associated with the disease, they confer only a small amount of additional risk with a chance ratio of 1.1%–1.3%. On the other hand, the hypothesis about the rare variant predicts that genes with low frequencies in the population (<1%) confer a much higher additional risk in the development of the disease (Clarke et al., 2013).

Genome-wide association studies (GWAS) are a recently developed research method used to examine genetic associations with addiction, dependence and drug use. These studies use an unbiased approach to find genetic associations with specific phenotypes and to give equal weight to all regions of DNA, including those that have no apparent link to drug metabolism or response. These studies rarely identify genes from previously described proteins through animal knockout models and candidate gene analysis. On the contrary, high percentages of genes involved in processes such as cell adhesion are commonly identified. This does not mean that previous results or GWAS findings are

erroneous. The important effects of endophenotypes cannot be captured by these methods. In addition, the genes identified in GWAS for drug addiction may be involved in either adjusting brain behaviour before, after or both drug experiences (Hall et al., 2013).

Epigenetic genes and their products (e.g., proteins) are key components through which environmental influences can affect an individual's genes (Vassoler & Sadri-Vakili, 2014) and serve as a mechanism responsible for transgenic epigenetic inheritance of behavioural phenotypes, a phenomenon in which influences of the environment on a parent's genes may affect the associated traits and behavioural phenotypes of their offspring (e.g., behavioural responses to certain environmental stimuli) (Vassoler & Sadri-Vakili, 2014). In addition, epigenetic mechanisms play a central role in the pathophysiology of the disease (Diamond, 2013). It has been observed that some of the epigenome changes that occur through chronic exposure to addictive stimuli during an addiction can be passed down through generations, which in turn affects their children's behaviour (e.g., child's behavioural responses to addictive drugs and natural rewards). More research is needed to determine the specific epigenetic mechanisms and nature of hereditary behavioural phenotypes that arise from human addictions. Based on preclinical evidence from laboratory animals, addictive behavioural phenotypes that are passed down through the generations may serve to increase or decrease the child's risk of developing an addiction (Vassoler & Sadri-Vakili, 2014; Yuan et al., 2015).

Previous childhood experiences (ACEs) are various forms of childhood abuse and dysfunction experienced in childhood. The Centre for Disease Control and Prevention's childhood experience study showed a strong dose-response relationship between ACE and numerous health, social and behavioural problems throughout a person's life, including those associated with substance abuse (Samhsa.gov, n.d.). The neurological development of children can be interrupted when they are chronically exposed to stressful events, such as physical, emotional or sexual abuse, physical or emotional neglect, witnessing domestic violence or the parent being incarcerated or suffering from a mental illness. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be affected. Over time, the child may adopt the use of the substance as a coping mechanism, especially during adolescence (Samhsa.gov, n.d.).

The National Institute for Drug Abuse cites the lack of parental supervision, the prevalence of substance use, peer availability, drug availability and poverty as risk factors for the development of substance use (Drugabuse.gov, n.d.).

2. 2. Objective of the paper

We aim to identify some behavioural aspects and personality traits of adolescents of two categories, adolescents from two-parent families and those from single-parent families.

3. Working hypotheses

1. It is assumed that there is a significant difference between adolescents from single-parent families and adolescents from two-parent families in terms of the generalised anxiety factor.
2. It is assumed that there is a significant difference between adolescents from single-parent families and adolescents from two-parent families in terms of substance addiction.

4. Tools used and the lot of participants

To verify the work hypothesis, we applied the scale for assessing adolescent disorders – short form. Persons participating in the research have been previously informed of the research purposes and the fact that the data will be used for scientific purposes. The sample population includes 90 adolescents who are part of single-parent and two-parent families, out of which 45 are male subjects and 45 are female subjects.

5. Checking hypotheses and discussions

1. It is assumed that there is a significant difference between adolescents from single-parent families and adolescents from two-parent families, in terms of the generalised anxiety factor.

Test statistics	
APSSF_anxietate generalisata	
Mann–Whitney U	346.000
Wilcoxon W	1,381.000
Z	-5.402
Asymp. Sig. (2-tailed)	0.000

^aGrouping variable: Tip Familie

The values obtained show that there is a significant difference in the case of the generalised anxiety factor between the two samples, where the significance threshold is less than 0.05.

Therefore, it can be said that adolescents from single-parent families have a higher level of generalised anxiety compared to adolescents from two-parent families.

Anxiety was defined by Schlenker and Leary (1982, according to Roth-Ledley & Heimberg, 2006) as a phenomenon that occurs when individuals are motivated to make a good impression on themselves in front of others and are unsure of what will happen. We may encounter such situations in our regular activity, for example, when we go to an interview, when we have an exam to be taken orally, when we meet someone new, with whom we want to establish a friendship, meetings with clients etc. Some are very concerned about this and the image they express, believing that it will fail to display a positive one, and end up feeling scared and stressed by social relationships. This makes them unable to establish functional and healthy relationships with others. Many researchers have concluded these feelings with evaluation anxiety, because the situations in which individuals are evaluated lead to anxiety (Andre & Legeron, 2001). Other authors have stated that social anxiety is also an anticipatory anxiety, because the socially anxious individual forms anticipatory beliefs and even dark scenarios, based on false premises (apud Andre & Legeron, 2001; Riviere, 1991). As we well know, the self-fulfilling 'prophecy phenomenon' is real, and the socially anxious individual will fail because of these false beliefs, which tend to be confirmed by self-influence.

People with a high level of anxiety are often convinced that they will act in the wrong way or that someone else will judge them in a wrong way, and they will also exaggerate the possible consequences of having a negative image (Asbaugh et al., 2005).

In addition, these individuals claim that they do not receive as much social support as they deserve or as much as they deem necessary. Lack of social support is correlated, according to researchers, with high levels of anxiety (Calsyn et al., 2005). Thus, anxiety affects the way in which the individual engages in relationships and it can lead to either inhibitions or inappropriate aggression, depending on relationship partners, expectations and social restraint of the situation (Andre & Legeron, 2001).

Anxiety is correlated with a range of negative tendencies and behaviours, misjudgements, irrational beliefs and negative evaluations (Calsyn et al., 2005; Patterson & Ritz, 1997). The anxious individual has incorrect beliefs about himself, as well as a reality in which he represents as a social actor. These beliefs can be divided into three categories (Andre & Legeron, 2001): beliefs about one's own behaviour, beliefs about what the relationship partner might think and beliefs about the risk of engaging in certain actions. Stopa and Clark (1993, apud Andre & Legeron, 2001) showed that these individuals have an unfavourable image of themselves and their own performance, the individual usually having a tendency to emphasise what is not good and no longer focus on aspects or activities – positive aspects of existence.

Studies of children and adolescents have shown that high levels of relationship aggression are associated with low interpersonal functionality and psychological inadequacy (Crick & Grotpeter, 1995; apud Loukas et al., 2003; Wener & Crick, 1991). Anxiety influences the attributions that an anxious person makes regarding his own behaviour and the behaviour of others, being defined as the fear of negative evaluation and/or avoidance of social contact (apud Loukas et al., 2003; Watson & Friend, 1969). It is a fairly common phenomenon and can be found in different communities.

For adolescents, this phenomenon often occurs and can have problematic forms (Beidel et al., 2004; Elizabeth et al., 2006). The adolescent lives with excessive anxiety in different social contexts, in competitions or when he has to show up in front of strangers. The effects of anxiety on teenagers are at least unfortunate. It is correlated with reduced academic, occupational and social performance (Nut, 2003).

Felker (1969, apud Nut, 2003) showed in a study that students who underestimate themselves in terms of academic performance, but who are positively appreciated by teachers or classmates, have a low level of anxiety and if the student has an overestimation of self-image, in other words, if he has positive self-esteem, it will react as a defines against anxiety, if others underestimate him.

1. It is assumed that there is a significant difference between adolescents from single-parent families and adolescents from two-parent families in terms of substance addiction.

Table 2. Mann–Whitney (U) test for the substance addiction factor

Test statistics	
APSSF_dependenta substante	
Mann–Whitney U	10.000
Wilcoxon W	1,045.000
Z	-8.103
Asymp. Sig. (2-tailed)	0.000

^aGrouping variable: Tip Familie.

The values obtained show that there is a significant difference in the case of the substance addiction factor between the two samples, where the significance threshold is less than 0.05

Although many young people are involved in experimental and recreational drug use, progress in abuse or addiction is much slower (Fergusson & Horwood, 2000; Kandel et al., 1992).

Substance use by adolescents is implicated in a link to other developmental disorders, strongly predicted by childhood and comorbid outsourcing disorders, and which predict both antisocial outcomes and affective disorders later in life. Many early psychosocial risks for drug and alcohol use overlap with family adversity involved in the risk of other disorders; as a result, there are major difficulties in determining further adverse progress specific to drug-related problems, which work mainly through effects on other disorders.

However, studies on twins provide the most useful means of testing alternative mechanisms (Kendler & Prescott, 2006).

Given the issues associated with heterotypic continuity with other disorders, we must also focus on the role of age at onset, as a potential predictor of subsequent negative outcomes. Throughout the history of epidemiological studies on substance use, the early onset of drug and alcohol use – generally before adolescence – has been identified as a strong marker for both progress to later stages of substance abuse and for global difficulties in the functioning of adults. As with antisocial behaviour, these findings raise the key question of whether early initiation in itself contributes to these effects or whether it functions primarily as an indicator of more severe and possibly more widespread liability for subsequent difficulties. As can be seen, the answers to this question have major implications for policy and practice, as well as for theoretical understanding (Rutter, 2005). Although the current

evidence is not entirely unequivocal, there are indications that the early onset of a series of 'problem behaviours' tends to occur simultaneously.

McGue and Iacono (2005) found strong evidence for a widespread risk for early onset problems, which include delinquency and early sexual behaviour, as well as alcohol and drug use before the age of 15. Young people with this multiple group of early behavioural problems had an extremely high risk of developing outsourcing disorders and depression until the age of 20. This, in turn, suggests that the common risks (genetic and environmental) underlying a general trend of difficulties in early onset may play a key role in subsequent outcomes. Studies on twins confirm the importance of shared genetic influences in this multiple group of problems (Kendler & Prescott, 2006). Although early onset may, in itself, have a minor additional facilitation effect, most of the increased risk of malfunctioning, subsequently developing, appears to be in the shared primary risks of this type.

This was most clearly demonstrated by the discordant patterns of twins (Kendler & Prescott, 2006). The twins, as a group, show the same association between early alcohol consumption and later alcoholism. However, when twins differ in their age of onset in alcohol consumption, they do not differ in the result of their alcoholism. The apparent effect of early onset is largely an artefact of shared genetic responsibility.

6. Conclusion

Research into the causes of social anxiety and social phobia is extensive, encompassing multiple perspectives from neuroscience to sociology. Scientists have not yet indicated the exact causes. Studies suggest that genetics may play a role in combination with environmental factors. Social phobia is not caused by other mental disorders or substance abuse. Generally, social anxiety begins at a certain point in an individual's life. This will develop over time as the person struggles to recover. Eventually, mild social discomfort can develop into symptoms of social anxiety or phobia.

Social anxiety disorder is a persistent fear of one or more situations in which the person is exposed to possible examination by others and fears that he or she might do something or act in a way that is humiliating or embarrassing. . It goes beyond normal 'shyness' because it leads to excessive social avoidance and substantial social or professional harm. Activities to be feared can include almost any type of social interaction, especially small groups, meetings, parties, talking to strangers, restaurants, interviews etc.

Those who suffer from social anxiety disorder are afraid of being judged by others in society. More specifically, people with social anxiety are nervous in the presence of people in authority and feel uncomfortable during physical examinations. People who suffer from this disorder may behave in a certain way or say something and then feel embarrassed or humiliated immediately after. As a result, they often choose to isolate themselves from society in order to avoid such situations. One may also feel uncomfortable meeting people one does not know and act remotely when one is with large groups of people. In some cases, they may show manifestations of this disorder by avoiding eye contact or redness in the cheeks when someone speaks to them.

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