The Impact of Parenting on Anxiety: Social Phobia in Adult Women

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Abstract: The purpose of this study is to see the effect of social support from the parent on anxiety in adult women. This is experimental research with one subject of 25-year-old single woman with initial N, who comes to a therapist with complaints of feeling uncomfortable and worried. The client always thinks negatively and feels anxiety when leaving the house and making interactions with others. Social Phobia Inventory (SPIN) was used to measure the level of anxiety. Measurements were made at the pretest and posttest to see differences in the anxiety level before and after therapy. The results of this study indicate a decrease in anxiety levels in the subject, from very severe to moderate anxiety. At the end of the therapy session, the subject also mentioned that she felt less anxiety and managed to control her negative thoughts.

Keywords: parent, anxiety, social phobia, adult, woman

Introduction

Social phobia (or social anxiety disorder) is characterized by the fear of one or more social situations. In this situation, the individual is worried that he will be monitored and evaluated negatively by others, or he will do something shameful (American Psychiatric Association, 2013). In social situations, individuals with social anxiety will feel excessive panic or anxiety (Veale, 2013). As a result of the fear experienced, individuals with social phobia will avoid this situation or endure it with a depressed state (Hooley et al., 2018).

Social phobia occurs through the learning process, either with classic conditioning or with an intermediary, like experiencing or witnessing a fight or social humiliation, or being the target of anger and criticism. Grillon (2008) conducted laboratory tests on people with social phobias, where they showed a stronger fear response when juxtaposed with unconditional socially relevant stimuli. Facial expressions criticize or insult verbally more than non-specific negative stimuli such as unpleasant odors or painful pressure.

Most researchers show that social support has a positive and vital role in psychological well-being (Dierk et al., 2006; Gülaçti, 2010; Huurre et al., 2007; Kef & Deković, 2004; Lavasani et al., 2011; Phillips et al., 2008; Savi & Akboy, 2015; Van Daalen et al., 2005). Social support from parents gives a more positive impact on a child's development compared to support from the environment (Barrera & Li, 1996). A good relationship with parents is significantly related to positive self-esteem, social competence, and general well-being (Helsen, Vollebergh, & Meeus, 2000).

Problems faced by the client include excessive feelings of anxiety to leave the house/ boarding house, to be in a public place, and to travel. This anxiety is felt not only in social conditions but also in interaction with others. Therefore, we need interventions that can reduce client anxiety over the feared situation. The intervention used is cognitive behavior therapy with cognitive restructuring techniques and habituation using in vivo exposure.

Method

The subject in this study was a single woman aged 25 who was studying at a university in Malang. The subject (client) mentioned that she felt anxiety when leaving the house/boarding house, or being in a new place, in a public place, or on a trip. When the client experienced anxiety, she felt tightness in the chest, staggered to her body, dizziness, confused, difficult to talk, and easily shocked. Also, she felt uneasy and afraid to go elsewhere.

The anxiety also came to her when she interacted with others. When it happened, she felt anxious to meet people, uncomfortable or overwhelmed, being watched by others, or worried too much of other people talking bad things about her.

The assessment was conducted through interviews and a series of psychological tests. Interviews were conducted with the client to find out more about the problems she experienced, including physical and psychological symptoms she felt when facing problems and the effects on her daily life. The psychological tests used personality graphic test (Wartegg, DAP) to determine the client's personality, view about herself, and her social relationship.

Result

The client was a 25-year-old female student who lived in a boarding house near the campus. Based on the interview results, the client revealed that she felt anxiety when leaving the house/ boarding house, or being in a new place, in a public place, or when traveling. When the client experienced anxiety, she felt tightness in the

chest, staggered to her body, dizziness, confused, difficult to talk, and easily shocked. She also felt uneasy and afraid to go elsewhere.

The anxiety also came to her when she interacted with others. When it happened, she felt anxious to meet people, uncomfortable or overwhelmed, being watched by others, or worried too much of other people talking bad things about her.

Previously, the client had experienced fear of getting out of the house or being talked about by family and neighbors. She had also been shunned by people with whom she wanted to make friends. Therefore, she began feeling anxious when being with other people. Based on the behavioral perspective, anxiety occurs as a result of a learning process through conditioning. During the process of development, it is essential for every individual to feel accepted and loved (Nevid et al., 2014). For example, children who are assisted by their parents in establishing relationships will not experience social discrepancies.

The client mentioned that her parents never allowed her to go out of the house. She also stated that her neighbors and relatives are the types of people who talk about others behind their backs. When she was younger, her parents never let her play outside with her friends. Her parents did not support her either when she wanted to learn and grow through active participation in an organization. According to her parents, a girl should stay at home so she would not be talked about by relatives and neighbors.

According to the client, when at home, her parents treated her differently as they would to her brother. The client felt her parents were more fond of her brother because her brother was allowed to do anything he wished to do, such as leaving the house to socialize with others or join an organization. When at home, she rarely came out of the house or her room because she thought she would get a rejection from her family, which made her worried and confused about how to interact with others.

When going out of the room or the house, she would make sure there was no one around. If there were one, she would wait until the person left since the idea of interacting with that person would make her panic and get a headache. She even mentioned that she was overthinking by imagining other people watch her, talk negatively about her, or label her. However, she confessed that in fact, she never witnessed anyone talking about her, let alone about negative things related to her. Beck (2005) states that people tend to overlook positive information about themselves and instead, focus more on the negative one.

During this time of anxiety, the client would avoid meeting other people unless necessary, such as meeting people at the campus. She chose to stay at home, especially when it was crowded outside. She would wait until it was quiet enough for her to leave the house. For instance, when she needed to buy some food, she would rather stay hungry than to go out. Also, whenever she went out, she would keep her eyes on the ground and choose a quiet road.

Besides, she did not feel confident when performing in front of a big crowd as she was not ready to accept criticism when she made a mistake. An anxious person could not take a great responsibility because of his distorted cognitive scheme that often becomes constraints on his self-worth (Alford & Beck, 1997).

In this current study, the client was asked to assess herself. In the range of 1-10, she rated herself between 8 and 9 for her anxiety level. However, it would decrease to 6-7 when she met someone she knew, the situation was quiet, or when she returned home.

She had tried to reduce her anxiety by participating in some social events when she got an invitation. However, she was not always successful. She further mentioned that her business failed very often because she refused invitations from her friends. She usually did things on her own, such as shopping alone. She would ask her friends to accompany her only when she really needed some help.

The results of Graphic and Wartegg tests showed that the client's current situation was influenced by past events that had not been resolved, and she was stressed about it. She also appeared to have obstacles in her environment, such as refusing the opportunity to have contact with the outside world or make social contact with others. In the other part of the picture, it was shown that the subject was a sensitive and self-centered individual. She tried to show others that she was a strong person by pretending not having problems. However, she confessed that she had difficulty developing her abilities. It was because she was too worried about other people's judgment. In fact, she had a strong desire to outperform others. Hooley (2018) explains that individuals who experience social fears often cover them up, hold back under pressure, and avoid them (Hooley et al., 2018).

The client had difficulty in reducing the fear she felt in a social situation or when traveling. The anxiety hampered her social activities. In this case, she felt physically uncomfortable when she wanted to go to campus, often used food delivery services to avoid crowds, and spent more time at home.

Intervention

The intervention used to reduce anxiety was cognitive behavior therapy with cognitive restructuring techniques and habituation using in vivo exposure. Antony & Swinson (2000) explained how to overcome social anxiety with cognitive behavioral therapy through three stages, including cognitive therapy, exposing individuals to feared situations (exposure), and teaching

social skills to clients in order to control anxiety. Reasons for using cognitive behavioral therapy is to dispel thoughts that cause anxiety in a social situation and to teach clients by habituation. The goal of the intervention is to reduce anxiety over social situations and teach clients skills in controlling perceived anxiety.

Cognitive Behavior Therapy (CBT) is a psychological intervention that involves the interaction between ways of thinking, feeling, and behaving in a person. The theory application in CBT practice is to teach clients to learn new behaviors and ways to deal with a situation that bothers them, by involving the learning of specific skills (Somers & Queree, 2007). According to cognitive approaches, the way individuals think about an event affects how they feel and behave. However, sometimes a person does not realize that he has the wrong thought or belief, which is also known as cognitive distortions. That is, a problem causing negative emotions or behavior to avoid problematic situations. CBT can overcome anxiety or integrate behavioral approach (behavior) that has proven efficient (e.g., exposure task and relaxation) with an emphasis on cognitive information processing factors associated with such anxiety (Kendall, 2012).

Beck believes cognitive distortion is a systematic error in reasoning something that leads to a wrong assumption (Corey, 2013). Cognitive restructuring begins by identifying cognitive distortions and negative behaviors on the client through mapping or problem formulation to see the development of the problem by sharing experiences that contribute to the negative thoughts.

Identification of symptoms of anxiety or fear resulting from irrational belief includes 4 aspects, namely cognition, affection (emotion), physiological, and behavioral. In CBT's view, behavioral responses are influenced by thoughts or cognitions. Maladaptive behavior is the result of wrong or maladaptive thoughts. This approach teaches clients to identify and modify the cognition that causes anxiety (Haugaard, 2008).

1.   Planning Phase

The therapist met the subject to explain about the therapy that would be carried out. After that, the therapist asked for her approval regarding the therapeutic plan. At first, she felt a little objection when the therapist explained about the behavioral therapy. However, when the therapist explained that the therapy was for her own good, she agreed to do it.

2.   Cognitive Therapy Stage
   ● Session 1
The first session of cognitive therapy aims to identify cognitive distortions owned by the subject. She entered the room with a reasonably good mood. In this session, the therapist asked the subject to identify negative thoughts regarding the traumatic event she experienced.

The subject said that she received different treatment

from her parents and got negative treatment from her friends. She had difficulty in establishing close relationships with others for fear of negative treatment from others. Then the therapist asked what she could remember about the event. The subject responded by saying that she felt unable to do anything. After the subject mentioned her negative thoughts, the therapist explained the relationship of how thoughts could affect emotions and behavior. When the subject had negative thoughts, the emotions felt by the subject would be detrimental, leading to negative behavior as well.

   ●Session 2
Before entering the second session of cognitive therapy, the therapist asked about the things that the subject learned in the previous session. The subject said that negative thoughts could lead to negative emotions, and she mentioned her negative thoughts she had. Because the subject understood the relationship between cognition, emotions, and behavior, the therapist took the next step by teaching how to change negative thinking into a positive one, which was not limited to traumatic events.

Initially, the subject was still confused about how to change her negative thoughts. However, when tried repeatedly, the subject began to understand how to change her negative thoughts into a positive one. The therapist asked the subject to give a specific example. After giving a few examples, the subject fully understood how to turn negative thoughts into positive ones. The second session ended by giving the subject a take-home assignment that would be discussed in the next session. Subjects were asked to write down events leading to negative thoughts and what behaviors appeared.

3.   Task Evaluation Stage

Therapists and subjects discussed the tasks previously assigned to the subject. The subject read the assignment she had completed and discussed it with the therapist. The subject wrote four events with negative thoughts that were transformed into positive thoughts and her behavior toward the event. One of the events written by the subject is when her friends talked about her behind her back. This event created negative thoughts about her friends. So, her behavior toward this situation is to avoid meeting other people. When the subject was asked what would happen when she could not avoid people, and negative thoughts could not be changed, the client responded by saying that she felt weak throughout the body, unstable, had cold sweats, felt headaches, and even engaged in self-harming.

4.   Relaxation Stage

Relaxation was done before entering behavioral therapy. At this stage, the therapist taught relaxation techniques to calm down before the subject did exposure. The technique given is in the form of visualization. The subject was asked to close her eyes

and imagine something soothing and followed by breathing techniques, so when the subject would do the exposure and feel anxious, the subject could calm herself before continuing to the next stage.

5. Behavior Therapy Stage

• In Vivo Gradual Exposure Phase 1, the subject was asked to go out of the house accompanied by friends she knew with a staged or gradual duration of time. At the initial stage, the subject was asked to leave the house for 15 minutes. At the end of this stage, the level of success was measured by observing the assigned behavior that could be achieved, and the client was asked about her level of anxiety. At this stage, the subject could fight the fear, and the level of anxiety reduced when she went accompanied by a friend.

• In Vivo Gradual Exposure Phase 2, the client was asked to go out of the house accompanied by one friend she knew and one stranger with a staged or gradual duration of time. At the initial stage, the client was asked to leave the house for 30 minutes.

• In Vivo Gradual Exposure Phase 3, the client was asked to go out of the house accompanied by one friend she knew and one stranger for a staged or gradual duration of time. At the initial stages, the client was asked to leave the house for 45 minutes, getting to know someone she did not know before.

• In Vivo Gradual Exposure Stage 4, the client was asked to leave the house unaccompanied by a staged or gradual duration of time. At the initial stage, the client was asked to leave the house for 20 minutes.

• In Vivo Gradual Exposure Stage 5, the client was asked to leave the house unaccompanied by the tiered or gradual duration of time. In the initial stage, the client was asked to leave the house for 30 minutes and greet a stranger.

• In Vivo Gradual Exposure Stage 5, the client was asked to leave unaccompanied by the tiered or gradual duration of time. At the initial stages, the client was asked to leave the house for 50 minutes to get to know and chat with strangers.

6. Termination

The client was asked about her feelings after attending therapy and whether the goal was achieved. At this stage, the client continued to be given reinforcement by the therapist to maintain the progress. At the end of the therapy session, the client felt that she made good progress (her anxiety or fear decreased)

7. Follow up

This final stage was carried out two weeks after a series of therapeutic processes. The client was asked about how scared she was when she saw the feared object after participating in therapy, whether she could feel the progress, and what thoughts, behaviors, and feelings arose when she saw the object after undergoing therapy. The client's fear or anxiety decreased after the therapy and was sustained over the long term.

Conclusion

Anxiety can be influenced by parents who do not provide social support, such as giving freedom to interact and communicate with others. Because of this, the subject develops the thought that other people will talk negatively about herself. Also, the subject feels anxious and frightened if she has to get out of the house and interact with others. CBT can effectively change the subject's thoughts and behavior and helps reduce anxiety symptoms.

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