

The Effects of Social Isolation from The COVID-19 Lockdown on Social Anxiety in Individuals

Mina Kim¹ and Kymberli Barker[#]

¹ Hunter College High School, New York, NY, USA

[#]Advisor

ABSTRACT

As the world continues its second year of the COVID-19 pandemic with varying degrees of lockdown, not much is known yet about how the extended periods of social isolation have affected individuals. This study used an online survey of individuals with varying levels of social anxiety to find that social isolation from the COVID-19 lockdown exacerbated self-rated social anxiety severity in individuals and led to new problems such as feelings of depression, loneliness, and worse self-esteem. As individuals with social anxiety already struggle to or avoid seeking out help or treatment, these findings have concerning implications for the mental health treatment of individuals with social anxiety after the pandemic.

Introduction

Social anxiety disorder (SAD) is recognized in the *International Classification of Diseases, Tenth Revision* (ICD-10) and the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) as the persistent excessive fear of social situations where embarrassment may occur, such as situations involving interaction, performance, or observation. Individuals with social anxiety disorder attempt to avoid such situations that cause them disproportionate amounts of anxiety, or may endure them with intense distress. (British Psychological Society, 2013).

Because anxiety about social situations is so common and finding help can be anxiety-inducing itself, many delay or never seek treatment for their disorder. 36% of people with social anxiety disorder reported experiencing symptoms for ten or more years before they went to get help. (Anxiety & Depression Association of America, 2007). As such, this study will include individuals with varying degrees of social anxiety: those with mild symptoms but no disorder, those with moderate symptoms but no disorder, self-diagnosed individuals with social anxiety disorder, and clinically diagnosed individuals with social anxiety disorder.

With the COVID-19 pandemic and mandated “social distancing” strategies to limit the spread of the virus, avoidance of triggering social situations has become easier and more common. As the world continues its second year of the pandemic with varying degrees of lockdown, not much is known yet about how the extended periods of social isolation have affected individuals. This study aims to get insight into how social isolation from the COVID-19 lockdown may have alleviated, exacerbated, or had no effect on social anxiety.

It is also common for social anxiety to lead to other issues, both mental and physical. Four-fifths of adults with diagnosed SAD experience one or more other disorders at some point in their lives: among the most prevalent being other anxiety disorders (70%), any affective disorder (65%), nicotine dependence (27%), and substance-use disorder (20%) (British Psychological Society, 2013). In addition, SAD is often comorbid, or coexists, with other disorders such as major depressive disorder, bipolar disorder, obsessive-compulsive and related disorders, avoidant personality disorder, atypical depression (Konyuncu, et al., 2019).

Brain imaging studies of SAD such as a meta-analysis of functional magnetic resonance imaging (fMRI) studies have helped in understanding the neurocircuitry of SAD that could contribute to its comorbidity

with other disorders. Findings indicate more activity in the bilateral amygdala, anterior cingulate, and globus pallidus of individuals with SAD compared to controls during emotional vs. neutral stimuli, which are consistent with findings relating the amygdala with fear conditioning (Stein, 2015).

Problem

How has social isolation resulting from the COVID-19 pandemic lockdown affected social anxiety in individuals? What other issues may arise from being in lockdown while having social anxiety?

Hypothesis

Social isolation resulting from the COVID-19 pandemic lockdown will relieve social anxiety symptoms temporarily because individuals are exposed to less triggering social situations; however, the lack of social interaction will, in the long term, exacerbate anxiety levels as the lack of exposure increases fear of triggering social situations. Social isolation may also be correlated with worsening functions in other areas of life (whether mental or physical) such as worse self-esteem or alcohol use.

Methods

Data were collected through a Google Forms online survey and analyzed through statistical methods to find correlational relationships. 56 participants voluntarily filled out the survey. They were recruited through the r/socialanxiety subreddit on Reddit. Their ages ranged from 13 to 60, and 56.4% of participants were female, 36.4% were male, and 3.6% were nonbinary, and 3.6% opted out from specifying their gender. They were from 18 different countries: Australia, Austria, Canada, Belgium, Brazil, France, Germany, India, Italy, Japan, the Netherlands, Poland, Scotland, South Korea, Spain, Switzerland, the United Kingdom, and the United States.

Questions asked participants about their age, gender, country, social anxiety before the lockdown, the length of time they had been in lockdown, how often they went outside during the lockdown and for what reason, their living situation during the lockdown, what kind of social interaction they had over the lockdown, what kind of social interaction they had missed due to the lockdown, social anxiety during and after (if applicable) the lockdown, whether they had gotten any help for their social anxiety during the lockdown, any tangential issues stemming from their social anxiety during the lockdown, and any improvements to their social anxiety during the lockdown.

Many questions were left open-ended and included several options and a self-describe option. The decision for this was made with the reasoning that the etiologies, or origins, of social anxiety are different for every individual (family history, childhood adversities, developmental experiences, dopaminergic system dysfunctions, and more), and data about unique situations could be lost if questions were to be more standardized. (Stein, 2001).

Numerical data were analyzed quantitatively by looking at the distribution, such as the mean of the data set or the percentages of participants that selected certain options. Other qualitative data were analyzed by looking for trends in responses that could indicate a correlational relationship.

Data

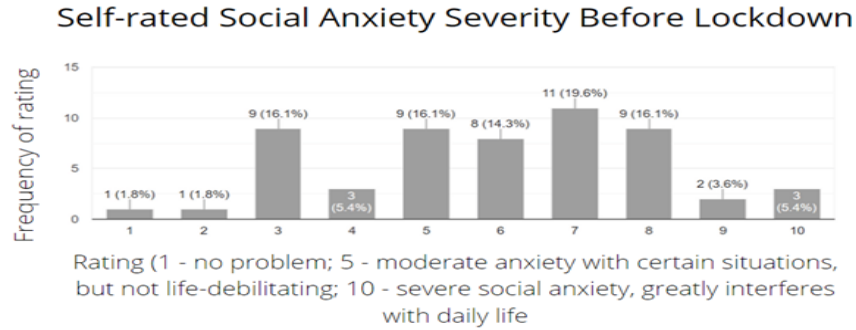


Figure 1. Self-rated social anxiety before lockdown, on a scale from 1 to 10 (average: 5.93)

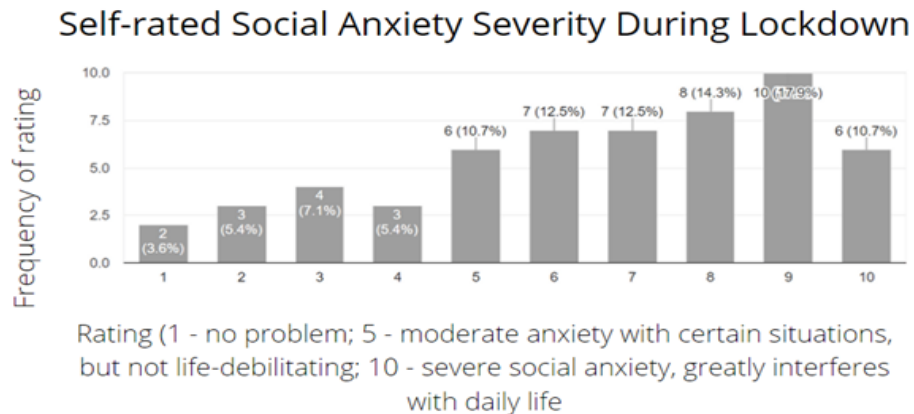


Figure 2. Self-rated social anxiety during lockdown, on a scale from 1 to 10 (average: 6.55)

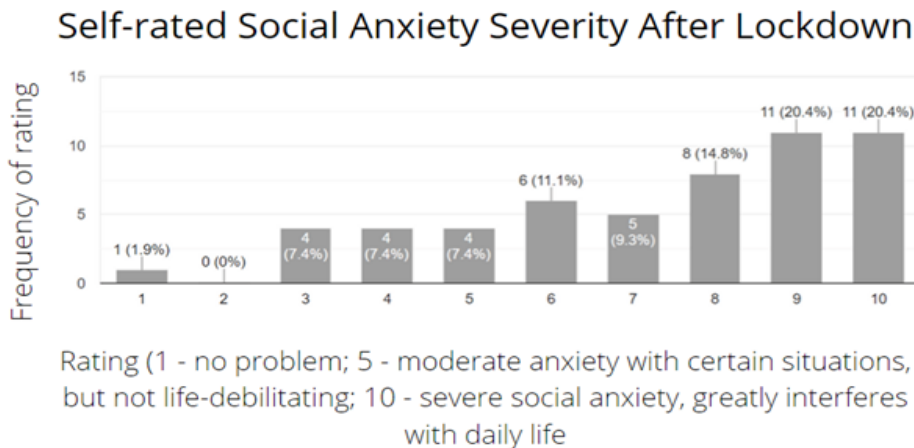


Figure 3. Self-rated social anxiety after lockdown, on a scale from 1 to 10 (average: 7.29)

For tangential issues stemming from social anxiety during the lockdown, 34 participants (61.8%) reported feeling more depressed; 34 participants (61.8%) reported feeling lonely and wanting more contact with others; 33 participants (60%) reported worsening self-esteem; 30 participants (54.5%) reported reduced physical activity; 20 (36.4%) reported changes in eating habits; 14 participants (25.5%) reported losing sleep; 13 (21.8%) reported excessive social media or other digital media use; 8 (14.5%) reported alcohol or drug use; 1 (5.6%) reported being more aggressive to family members; and 1 (5.6%) reported more dissociation.

For improvements to social anxiety during the lockdown, 5 participants (27.8%) reported not turning down plans with people they normally would; 5 participants (27.8%) reported healthier coping mechanisms, 1 participant (5.6%) reported being more comfortable in public spaces; and 1 participant (5.6%) reported being less self-critical.

Only some individuals got help during the pandemic: 18 participants (32.1%) thought about getting professional help such as a diagnosis or therapy; 13 participants (23.2%) opened up about their struggles to another person; 10 participants (17.9%) began getting counseling or seeing a therapist; 3 participants (5.4%) got diagnosed with SAD; 3 participants (5.4%) continued therapy and medication they had before the lockdown, while 1 participant (1.8%) discontinued therapy due to space at the clinic, and 1 participant (1.8%) wanted to get therapy, but could not, due to financial reasons.

No statistically significant correlation could be found involving changes in social anxiety severity throughout lockdown and gender, age, location, time spent in lockdown, time spent outdoors, living situations during the lockdown, and social interaction had and missed during the lockdown.

Discussion

While there is more research to be done to assess the severity of these trends and other factors that might contribute to them, these findings have concerning implications for the mental health treatment of individuals with social anxiety after the pandemic and how they will cope with their increased anxiety and other issues while struggling to get help.

Conclusion

Data partially supported the hypothesis in that social anxiety over the pandemic led to new problems such as feelings of depression, loneliness, and worse self-esteem; however, data partially disproved the hypothesis in that social isolation from the COVID-19 lockdown did not temporarily alleviate social anxiety symptoms, but rather exacerbated self-rated social anxiety severity in individuals. The self-ratings of social anxiety severity increased, from an average of 5.93 out of 10 before the lockdown, to an average of 6.55 out of 10 during the lockdown, to an average of 7.29 out of 10 after the lockdown, when applicable.

Results of individuals seeking help for their social anxiety are also consistent with previous findings that individuals with social anxiety struggle to or avoid seeking out help or treatment. Less than a third of participants thought about getting professional help, less than a fifth opened up about their struggles to another person, and only 10 participants began getting counseling or therapy, despite the overall higher levels of self-rated anxiety.

Acknowledgments

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