

An ACT perspective on adolescent social anxiety disorder

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Social anxiety disorder (SAD - fear of being subjected to the scrutiny of others) has its frequent **onset during adolescence**, causing **significant** personal, social and academic **impairment** (Alfano & Beidel, 2011).

SAD has been conceptualized and addressed under a cognitive perspective, which focuses on altering adolescent's biased processing of social information (Leigh & Clark, 2016). Alternatively, though ACT interventions have been proposed for adults with SAD (e.g., Yuen et al. 2013), **a clear understanding of SAD under an ACT perspective, applicable to adolescents, is still missing.**

ACT proposes that psychological (in)flexibility is at the heart of mental health, encompassing six core processes. Two of those processes are acceptance (i.e., making room to unwanted private experience, versus experiential avoidance) and committed action (i.e., effectively doing what matters in relation to ones' values, versus inaction, impulsivity of avoidance; Harris, 2019). **Experiential avoidance has been associated with adult social anxiety** (Asher, 2021); **social anxiety is also marked by avoidance behaviors that intend to keep the individual safe from feared consequences** (Piccirillo et al., 2016) **instead of directing the individual to valued actions.**

We propose that lack of acceptance and committed action, as components (i.e., predictors) of psychological inflexibility, will predict social anxiety in adolescents presenting with SAD. We further propose that this explanatory model will similarly explain social anxiety for adolescent girls and boys.

Sample

40 adolescents with a primary diagnosis of SAD (via Mini International Neuropsychiatric Interview for Children and Adolescents; Rijo et al., 2016)

- $M_{age} = 16.13$, $SD = 0.76$
- 27 girls and 13 boys

Instruments

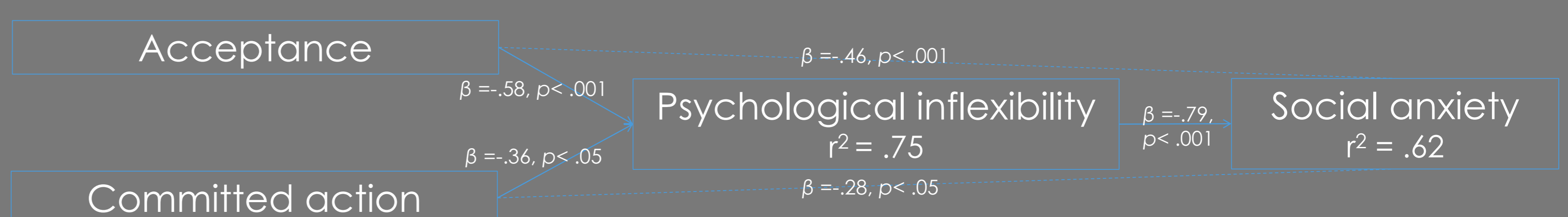
- Social Anxiety - Acceptance ($\alpha = .91$) and Action ($\alpha = .66$) Questionnaire for Adolescents (**independent variable**; Martins et al., 2015)
- Avoidance and Fusion Questionnaire for Youth ($\alpha = .90$; **mediating variable**; Cunha & Santos, 2011)
- Social Anxiety and Avoidance Scale for Adolescents ($\alpha = .94$; **dependent variable**; Cunha et al, 2008)

Data analyses

Path analysis, considering fit indicators and direct and indirect effects, and **structural invariance**.

Results

The model achieved **very good fit indicators** (RMSEA = .000, CFI = 1.00, SRMR = .023). **Direct paths were statistically significant. Indirect paths** linking acceptance and committed action to social anxiety via psychological inflexibility **were also statistically significant.**



The **model was equally applicable to girls and boys** (i.e., at all pathways equal $\Delta\chi^2(3) = 4.31$, $p = .23$ and at all intercepts equal $\Delta\chi^2(4) = 1.18$, $p = .88$). Latent mean comparisons showed that **girls are significantly more acceptant than boys.**

Discussion

- **Psychological flexibility**, represented by acceptance and committed action, **predicted a significant amount of the variance of social anxiety** in the current sample of adolescents presenting with SAD. **Acceptance and committed action predicted social anxiety only as components of psychological flexibility** (i.e., not directly but only through psychological inflexibility). The intertwining of all ACT processes (Harris, 2019) is evident in this finding.
- **Acceptance and committed action were confirmed as processes underlying psychological flexibility** (Harris, 2019), explaining most of its variance. The process of 'Being present', though not considered in this work, should also be relevant to psychological flexibility in general and to SAD, in this case given the underlying processes of anticipation and rumination (Penney & Abbot, 2014).
- **Girls seem to be more acceptant of their internal experiences, which may reflect a developmental experience**, as boys are typically thought to conceal their feelings and hide them whereas girls are encouraged to share and discuss their feelings from a young age (Harris, 2007). Though quantitatively different, qualitatively there were no differences in how processes relating to ACT explained social anxiety in adolescent girls and boys.

An ACT perspective on adolescent SAD seems to be empirically supported and applicable to both boys and girls.

There is ground for developing, applying and evaluating the therapeutic efficacy of an ACT intervention for adolescent SAD.