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Effectiveness of Eye Movement Desensitization and Reprocessing Therapy on Level of Social Phobia among Adolescents Studying in Schools of Selected Areas.

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Abstract
Social anxiety disorder is a condition characterised by a marked and persistent fear of being humiliated or scrutinised by others. Age-of-onset data point to adolescence as a developmentally sensitive period for the emergence of the condition, at a time when the peer group becomes increasingly important. Social anxiety in adolescence is associated with considerable impairment that persists through to adulthood. There are clear potential benefits to delivering effective interventions during adolescence.

Methodology
The researcher used quantitative research approach in the present study. The research design chosen for this study is quasi- experimental non randomized control group design. The population was adolescents experiencing social phobia. The sample consisted of 60 adolescents who are experiencing social phobia and willing to participate in study. The sampling technique used was non probability convenient sampling technique. The setting was selected schools. The researcher used tool that is standardized severity measure for social phobia (children age- 11-17 years) to assess level of social phobia among adolescents studying in schools of selected areas. The content validity of the tool was done and was found to be 0.94. The study was done for 28 days. Eye movement desensitization and reprocessing therapy was administered to the experimental group of 30 adolescents and was not administered to the control group of 30 adolescents. The post-test was collected on the 28th day.

Result

The analysis of the study was done using descriptive and inferential statistics. The master sheet was prepared. The data was presented in the form of tables and charts. Statistics were performed with the help of paired t-tests, un-paired t-tests and chi-square tests.

The result indicate that the mean pre test level of social phobia in experimental group was 14.1 (SD=6.78), whereas the mean post test level of social phobia was 4.73 (SD=5.62). The calculated t-value is 8.24, which is significantly higher than table value (2.045 at $p = \leq 0.05$, DF=29).

For experimental group p-value (**0.001**) is statistically significant, indicating a **significant difference** in the level of social phobia between the pre-test and post-test scores in the experimental group. This suggests that the intervention was highly effective in reducing social phobia levels among adolescents.

For control group the results indicate that the mean pre-test score was **13.83** (SD = **6.5**), while the mean post-test score was **13.8** (SD = **6.87**). The calculated t-value (**0.025**) is much smaller than the table value (**2.045** at **$p \leq 0.05$**, **DF = 29**).

The p-value (**0.981**) is not statistically significant, indicating no significant difference in the level of social phobia between the pre-test and post-test scores in the control group. This suggests that, without the intervention, there was no notable change in social phobia levels among the adolescents.
An unpaired t-test was conducted to compare the post-test levels of social phobia among adolescents between the experimental and control groups.
The results show that the mean post-test score in the experimental group was **4.73** (SD = **5.62**), while in the control group, it was **13.8** (SD = **6.87**). The calculated t-value is **5.60**, which is greater than the table value (**2.001** at $\mathbf{p \leq 0.05}$, **DF = 58**).
The p-value (**0.000**) is highly significant, indicating a statistically significant difference between the post-test scores of the two groups. This suggests that the intervention was effective in significantly reducing social phobia levels among adolescents in the experimental group compared to the control group.
The Chi-square test revealed that most demographic variables, including age, gender, education standard, type of family, and occupation of parents, showed no significant association with the pre-test level of social phobia among adolescents ($p > 0.05$). However, a significant association was found between a family history of social phobia and the pre-test level of social phobia ($\chi^2 = 4.20$, $p = 0.04$), indicating that adolescents with a family history of social phobia might be more likely to exhibit higher levels of social phobia.
KEY WORDS: Eye movement desensitization and reprocessing therapy, level of social phobia, adolescents.

INTRODUCTION

Social anxiety disorder is a condition characterised by a marked and persistent fear of being humiliated or scrutinised by others. Age-of-onset data point to adolescence as a developmentally sensitive period for the emergence of the condition, at a time when the peer group becomes increasingly important. Social anxiety in adolescence is associated with considerable impairment that persists through to adulthood. There are clear potential benefits to delivering effective interventions during adolescence.

The third most common mental health disorder, social anxiety typically develops during adolescence, with 90% of cases occurring before the age of 23. Symptoms rise dramatically in early adolescence and often wax and wane over time. When the illness persists into mid-adolescence, there's increased severity and greater risk for other mental health problems. Treatment primarily focuses on repeatedly exposing children to the contexts they fear, rarely resulting in full recovery.

Eye movement desensitization and reprocessing (EMDR) therapy is one of a handful of psychological treatments. The most distinctive component of EMDR is that the patient is typically asked to visually track the therapist's hand as it moves left and right while simultaneously holding their trauma memories in mind. Based on her initial observations and the clinical outcomes of utilizing her EMD technique, Shapiro came to believe that performing lateral eye movements initiated a processing mechanism in the patient that reduced emotional distress associated with the memories.

BACKGROUND OF STUDY

Social phobia is one such mental disorder that can have significant impact on the livelihood of adults if not detected at an early stage. There have been very few studies done on social phobia among adolescents in South India. Hence, the study was done to determine the prevalence of social phobia and factors associated with it among the school-going adolescents in rural Puducherry. Among 1018 participants, the prevalence of social phobia among adolescents was found to be 22.9% (95% CI: 20.4-25.5%). The prevalence of mild social phobia was 18% [95% confidence interval (CI): 15.7-20.4%], moderate social phobia was 4% (95% CI: 2.9-5.4%), severe social phobia was 0.7% (95% CI: 0.3-1.3%) and very severe social phobia was 0.2% (95% CI: 0.03-0.64%). Higher age, female gender, lack of counselling services and specialist visits at school were found to be determinants of social phobia.

NEED OF STUDY

One in six people are aged 10–19 years. Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood. Globally, it is estimated that 1 in 7 (14%) 10–19 year-olds experience mental health conditions, yet these remain largely unrecognized and untreated. Anxiety disorders are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 3.6% of 10–14-year-olds and 4.6% of 15–19-year-olds experience an anxiety disorder. Anxiety disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness.

The use of EMDR with children has been demonstrated to be effective in more than 70 child studies. A number of randomised controlled trials demonstrated that EMDR therapy matched trauma-focused cognitive behaviour therapy variants in effectiveness and acceptability while outperforming in efficiency.

METHODOLOGY

The researcher used quantitative research approach in the present study. The research design chosen for this study is quasi- experimental non randomized control group design. The population was adolescents experiencing social phobia. The sample consisted of 60 adolescents who are experiencing social phobia and willing to participate in study. The sampling technique used was non probability convenient sampling technique. The setting was selected schools. The researcher used tool that is standardized severity measure for social phobia (children age- 11-17 years) to assess level of social phobia among adolescents studying in schools of selected areas. The content validity of the tool was done and was found to be 0.94. The study was done for 28 days. Eye movement desensitization and reprocessing therapy was administered to the experimental group of 30 adolescents and was not administered to the control group of 30 adolescents. The post-test was collected on the 28th day.

Steps of intervention

Definition-

Eye movement desensitization and reprocessing therapy is a structured therapy that encourages the patient to focus briefly on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories. Eye Movement Desensitization and Reprocessing (EMDR) therapy is an extensively researched, effective psychotherapy method proven to help people recover from trauma and PTSD symptoms.

STEPS OF EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY

1. History taking and treatment planning-

Discuss the client's history and develop a treatment plan. Assess client's internal and external resources for social phobia.

2. Preparation-

Establish a therapeutic alliance. Address client questions. Prepare the client for therapy.
During the Preparation Phase, the therapist will explain the theory of EMDR, how it is done, and what the person can expect during and after treatment.

3. Assessment

Identify the event to reprocess including images, beliefs, feelings and sensations. Establish initial measures as a baseline before reprocessing: Subjective unit of distress (SUD) and validity of cognition (VOC).

4. Desensitization

During desensitization, the therapist leads the person in sets of eye movements with appropriate shifts and changes of focus until his or her SUD-scale levels are reduced to zero (or 1 or 2 if this is more appropriate). Starting with the main target, the different associations to the memory are followed. For instance, a person may start with a horrific event and soon have other associations to it. The therapist will guide the client to a complete resolution of the target. Begin eye movements while client think about traumatic events.

5. Installation

Strengthen the positive belief that the client want to associates with the target events until it feels completely true.

During this fifth phase of treatment, that person's positive cognition, "I am now in control," will be strengthened and installed. How deeply the person believes that positive cognition is then measured using the Validity of Cognition (VOC) scale. The goal is for the person to accept the full truth of his or her positive self-statement at a level of 7 (completely true).

6. Body scan

The therapist ensures the client is in a relaxed state. The therapist asks the client to bring their attention to different parts of their body, usually starting from the toes and moving up to the head. The client is instructed to notice any sensations, feelings, or thoughts without judgment. The therapist may continue bilateral stimulation (eye movements) to facilitate processing. The client processes any physical sensations or emotions that arise during the body scan.

7. Closure

Assist the client to return to a state of calm in present movement. Discontinue the eye movement. Check the client's emotional and physical state. Use grounding techniques, such as deep breathing, to help the client feel calm. Help the client reorient to the present moment, including their surroundings and the therapist's presence. Offer reassurance and support to the client, acknowledging their progress and efforts.

8. Re- evaluation

At the beginning of each new session the therapist and client discussed recently processed memories to ensure that distress is still low and positive cognition is strong.

Severity Measure for Social Anxiety Disorder (Social Phobia)- Child Age 11–17

SR NO.	During the PAST 7 DAYS, I have…	Never	Occasionally	Half of the time	Most of the time	All of the time
1	Felt moments of sudden terror, fear, or fright in social situations					
2	Felt anxious, worried, or nervous about social situations					

3	Have had thoughts of being rejected, humiliated, embarrassed, ridiculed, or offending others					
4	Felt a racing heart, sweaty, trouble breathing, faint, or shaky in social situations					
5	Felt tense muscles, felt on edge or restless, or had trouble relaxing in social situations					
6	Avoided, or did not approach or enter, social situations					
7	Left social situations early or participated only minimally (e.g., said little, avoided eye contact)					
8	Spent a lot of time preparing what to say or how to act in social situations					
9	Distracted myself to avoid thinking about social situations					
10	Needed help to cope with social situations (e.g., alcohol or medications, superstitious objects)					

Scoring of tool

SCORE	SOCIAL PHOBIA LEVEL
00	**None**
1-10	**Mild**
11-20	**Moderate**
21-30	**Severe**

31-40	**Extreme**

Result

Section I- Findings related to demographic data of samples

1. Age

The percentage-wise distribution of respondents according to their age reveals that the highest percentage (46.67%) of respondents were in the age group of **14.1 to 15 years**, followed by **36.67%** in the age group of **13.1 to 14 years**. The lowest percentage (**16.67%**) of respondents were in the age group of **12-13 years**. This indicates that most respondents were concentrated in the older age groups, with the largest proportion being in the **14.1 to 15 years** range.

2. Gender

The percentage-wise distribution of respondents according to gender reveals that the majority (78.33%) of respondents were female, while 21.67% were male. There were no respondents identifying as transgender (0%). This indicates a higher participation of females in the study, with a significantly lower proportion of male respondents.

3. Education

The percentage-wise distribution of respondents according to their educational standard reveals that the majority (93.33%) of respondents were in the 8th standard, while only 6.67% were in the 9th standard. This indicates that the study sample was predominantly composed of students from the 8th standard, with minimal representation from the 9th standard.

4. Type of family

The percentage-wise distribution of respondents according to their family type reveals that the majority (80%) of respondents belonged to joint families, followed by (18.33%) who were from extended families. A very small proportion (1.67%) belonged to nuclear families, while no respondents (0%) were from single-parent families. This indicates that most of the respondents came from joint family setups, with nuclear and single-parent family representations being minimal.

5. Occupation of parents

The percentage-wise distribution of respondents according to their occupation reveals that the majority (60%) of respondents were engaged in business, followed by 20% who were private employees. Agriculture was the occupation of 15% of respondents, while only 5% were government employees. This indicates that business was the most common occupation among the respondents, with relatively lower representation from government employees and those engaged in agriculture.

6. Family history of social phobia

The percentage-wise distribution of respondents according to their responses reveals that the majority (86.67%) responded with "No," while only 13.33% responded with "Yes." This indicates that a significant proportion of respondents chose the negative response, with only a small percentage opting for the affirmative.

Section II

To assess the pre-existing level of social phobia among adolescents studying in schools of selected areas.

Table No: 4.7

Distribution of respondents according to pre-existing level of social phobia among adolescents studying in schools of selected areas from experimental group and control group

(N=60) (Experimental group-30 and Control group-30)

SN	SOCIAL PHOBIA LEVEL	Experimental group		Control group	
		F	%	F	%
1	00 (None)	00	00	00	00
2	1-10 (Mild)	12	40	30	100
3	11-20 (Moderate)	10	33.33	00	00
4	21-30 (Severe)	08	26.67	00	00
5	31-40 (Extreme)	00	00	00	00

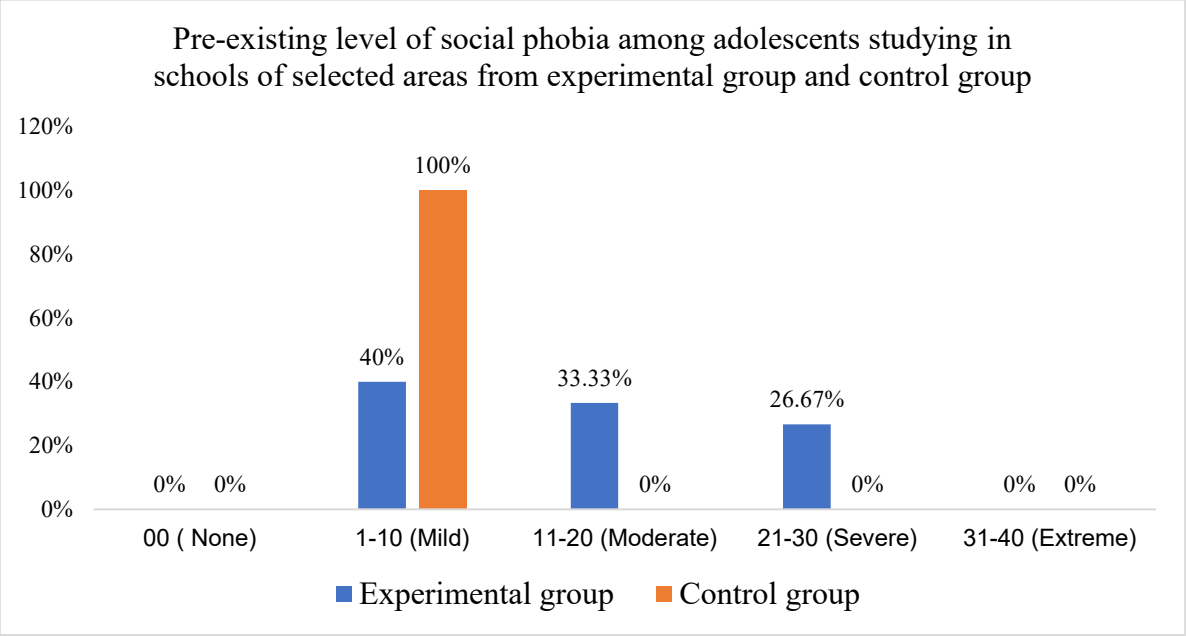

Fig no: 4.7

Bar diagram showing percentage-wise distribution of respondents according to pre-existing level of social phobia among adolescents studying in schools of selected areas from experimental group and control group

The percentage-wise distribution of respondents according to their pre-existing level of social phobia reveals that in the experimental group, 40% of respondents had mild social phobia, 33.33% had moderate social phobia, and 26.67% experienced severe social phobia. No respondents were found in the "None" or "Extreme" categories.
On the other hand, in the control group, all respondents (100%) had mild social phobia, with no cases of moderate, severe, or extreme social phobia.
This indicates that while social phobia was present among all respondents, its severity varied significantly between the experimental and control groups, with the experimental group having a higher proportion of moderate and severe cases.

Section III

To assess the pre-test and post-test levels of social phobia among adolescents studying in schools of selected areas from the experimental group and control group

Table No: 4.8

Distribution of respondents according to pre-test and post-test levels of social phobia among adolescents studying in schools of selected areas from the experimental group (N=30)

SN	SOCIAL PHOBIA LEVEL	Pre-test		Post-test	
		F	%	F	%
1	00 (None)	00	00	09	30
2	1-10 (Mild)	12	40	14	46.47
3	11-20 (Moderate)	10	33.33	07	23.33
4	21-30 (Severe)	08	26.67	00	00
5	31-40 (Extreme)	00	00	00	00

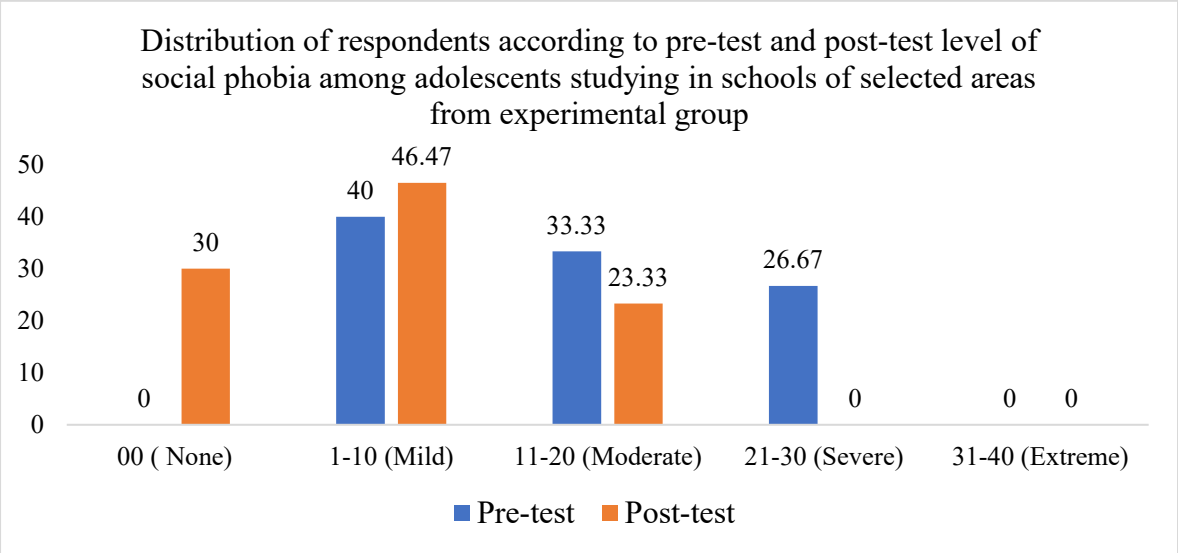

Fig no: 4.8

Distribution of respondents according to pre-test and post-test levels of social phobia among adolescents studying in schools of selected areas from the experimental group

The percentage-wise distribution of respondents according to their pre-existing level of social phobia reveals that in the experimental group, 40% of respondents had mild social phobia, 33.33% had moderate social phobia, and 26.67% experienced severe social phobia. No respondents were found in the "None" or "Extreme" categories.

After the intervention, the percentage of respondents with no social phobia increased to 30%, while 46.47% had mild social phobia, and 23.33% had moderate social phobia. Notably, the number of respondents with severe social phobia reduced to 0%, indicating significant improvement. No cases were observed in the "Extreme" category during the pre-test or post-test.

These findings suggest a positive impact of the intervention, as there was a clear reduction in the severity of social phobia, with a notable shift towards lower levels in the experimental group.

Table No: 4.9

Paired 't' value of pre and post-test level of social phobia among adolescents studying in schools of selected areas in the Experimental group. **(N=30)**

SN	Group	Mean	SD	't' value	P Value	Level of significance
1	Pre-test	14.1	6.78	**8.24**	**0.001**	**Significant**
2	Post-test	4.73	5.62			

DF=29, table value = 2.045 at p = ≤0.05

A paired t-test was conducted to compare the pre-test and post-test levels of social phobia among adolescents in the experimental group.

The results indicate that the mean pre-test score was **14.1** (SD = **6.78**), while the mean post-test score was **4.73** (SD = **5.62**). The calculated t-value (**8.24**) is much greater than the table value (**2.045** at **p ≤ 0.05**, **DF = 29**).

The p-value (**0.001**) is statistically significant, indicating a **significant difference** in the level of social phobia between the pre-test and post-test scores in the experimental group. This suggests that the intervention was highly effective in reducing social phobia levels among adolescents

Table No: 4.10

Distribution of respondents according to pre-test and post-test level of pre-test and post-test level of social phobia among adolescents studying in schools of selected areas from control group. (N=30)

SN	SOCIAL PHOBIA LEVEL	Pre-test		Post-test	
		F	%	F	%
1	00 (None)	00	00	00	00
2	1-10 (Mild)	30	100	30	100
3	11-20 (Moderate)	00	00	00	00
4	21-30 (Severe)	00	00	00	00
5	31-40 (Extreme)	00	00	00	00

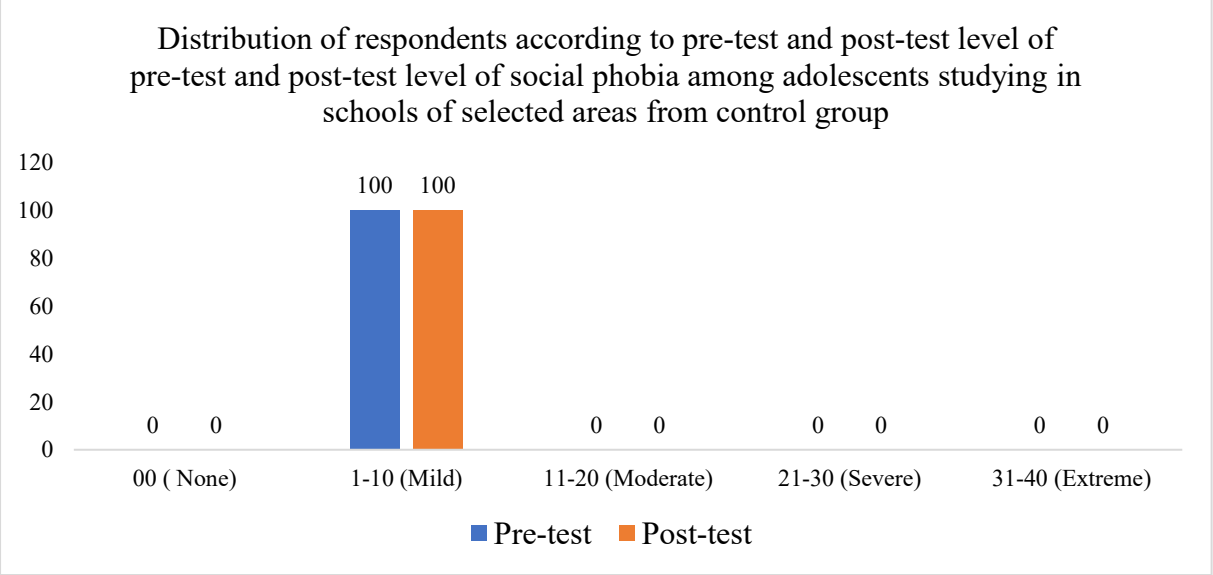

Fig no: 4.9

Distribution of respondents according to pre-test and post-test level of pre-test and post-test level of social phobia among adolescents studying in schools of selected areas from the control group

The percentage-wise distribution of respondents according to their pre-existing level of social phobia reveals that in the control group, all respondents (100%) had mild social phobia, with no cases of moderate, severe, or extreme social phobia.

After the intervention, the distribution remained unchanged, with 100% of respondents continuing to experience mild social phobia and no shifts towards lower or higher levels of social phobia.

These findings indicate that there was no improvement or worsening of social phobia levels in the control group, suggesting that the intervention had a significant impact only on the experimental group.

Table No: 4.11

Paired 't' value of pre and post-test level of social phobia among adolescents studying in schools of selected areas from the control group. **(N=30)**

SN	Group	Mean	SD	't' value	P Value	Level of significance
1	Pre-test	13.83	6.5	**0.025**	**0.981**	**Not significant**
2	Post-test	13.8	6.87			

DF=29, table value = 2.045 at p = ≤0.05

A paired t-test was conducted to compare the pre-test and post-test levels of social phobia among adolescents in the control group.

The results indicate that the mean pre-test score was **13.83** (SD = **6.5**), while the mean post-test score was **13.8** (SD = **6.87**). The calculated t-value (**0.025**) is much smaller than the table value (**2.045** at **p ≤ 0.05**, **DF = 29**). The p-value (**0.981**) is not statistically significant, indicating no significant difference in the level of social phobia between the pre-test and post-test scores in the control group. This suggests that, without the intervention, there was no notable change in social phobia levels among the adolescents.

Table No: 4.11

Unpaired 't' value of the post-test level of social phobia among adolescents studying in schools of selected areas from Experimental and control groups. (N=60)

SN	Group	Mean	SD	't' value	P Value	Level of significance
1	Experimental group	4.73	5.62	**5.60**	**0.001**	**Significant**
2	Control group	13.8	6.87			

DF=58, table value = 2.001 at p = ≤0.05

An unpaired t-test was conducted to compare the post-test levels of social phobia among adolescents between the experimental and control groups.

The results show that the mean post-test score in the experimental group was **4.73** (SD = **5.62**), while in the control group, it was **13.8** (SD = **6.87**). The calculated t-value is **5.60**, which is greater than the table value (**2.001** at **p ≤ 0.05**, **DF = 58**).

The p-value (**0.000**) is highly significant, indicating a statistically significant difference between the post-test scores of the two groups. This suggests that the intervention was effective in significantly reducing social phobia levels among adolescents in the experimental group compared to the control group.

Section IV:

To find an association between selected demographic variables that is age, gender, education, type of family, occupation of parents, family history of social phobia and pre-test study findings.

Table no- 4.13

Association of Pre-Test Level of Social Phobia with Selected Demographic Variables Using Chi-Square Test

SN	Variable	Chi-Square (χ^2) Value	p-Value	Significance (p > 0.05)	Table χ^2 Value (df, α = 0.05)
1	Age	4.10	0.39	Not Significant	9.49 (df = 4)

2	Gender	2.95	0.23	Not Significant	5.99 (df = 2)
3	Education	3.80	0.15	Not Significant	5.99 (df = 2)
4	Type of Family	6.30	0.10	Not Significant	7.82 (df = 3)
5	Occupation of Parents	5.70	0.13	Not Significant	7.82 (df = 3)
6	Family History of Social Phobia	4.20	0.04	**Significant**	3.84 (df = 1)

Interpretation:

- The Chi-square test revealed that most demographic variables, including age, gender, education standard, type of family, and occupation of parents, showed no significant association with the pre-test level of social phobia among adolescents ($p > 0.05$).
- However, a significant association was found between a family history of social phobia and the pre-test level of social phobia ($\chi^2 = 4.20$, $p = 0.04$), indicating that adolescents with a family history of social phobia might be more likely to exhibit higher levels of social phobia.

DISCUSSION

The discussion concludes the research report. A thoughtful discussion section clarifies the meaning of the research findings. The most crucial component of every study report is this one. The results of the current study have been described in relation to the research problem's aim, and the researcher has also discussed the study's findings in relation to the outcome objective. The present study was conducted to assess the effectiveness of eye movement desensitization and reprocessing therapy on level of social phobia among adolescents studying in schools of selected areas. The review of literature was done and sample size, study design, etc. was determined. The study approach used was quantitative approach, study design was non- randomized control group design. The population included of adolescents experiencing social phobia and the accessible population included adolescents studying in selected schools who experience social phobia and who are willing to participate in the study and meet inclusion criteria. A total 60 samples were selected using a non-probability convenient sampling technique; 30 samples were placed in the control group and 30 samples were placed in the experimental group. The tool was selected for collection of data which included severity measures for social phobia – children age 11-17. Validity of tool was performed by experts and reliability was done. The tool was found to be valid and reliable. Ethical permission was taken from the ethical committee. A pilot study was done on 10 samples. Analysis of the pilot study depicted that the research was feasible to perform. Before the main data collection consent was taken from the participants by explaining the purpose of the research and assurance of confidentiality was given to them.

The pre-test of both groups was collected on day one. The intervention of eye movement desensitization and reprocessing therapy was given to the participants placed in the experimental group. The therapy was provided for sixty minutes twice in a week for twenty-eight days. On the 28th day post-test was collected from both the experimental and control groups.

OTHER STUDIES REFER TO

1. Conducted a study that compared the effects of eye movement desensitization and reprocessing (EMDR) and cognitive behavioral therapy (CBT) on the quality of life of teenagers in Karaj who had been diagnosed with social anxiety disorder. A control group and a one-month follow-up were part of the quasi-experimental pretest-posttest research design. All teenagers who visited the Cultural Clinic in Karaj between February and May of 2021 and received a final diagnosis of social anxiety disorder from a psychiatrist were included in the sample. 51 people were purposively chosen, and two experimental groups and one control group—each with 17 participants—were randomly allocated to them. The measurement instrument was the World Health Organization Quality of Life-BREF (WHO-QOL-BREF, 1996) questionnaire. Bonferroni testing and repeated measures analysis of variance were used in the data analysis process. Teens with social anxiety disorder can greatly improve their quality of life with CBT and EMDR.

2. Conducted a study to find out how well EMDR worked for students who had social anxiety in terms of their academic self-efficacy and anxious speech. This study used an experimental design with a control group and pre- and post-test designs. Thirty socially anxious Persian Gulf University students made up the study's sample. They were chosen by simple random sampling. Between the two experimental and control groups, they were split at random. The two groups were given questionnaires on self-efficacy, anxiety, speech, and social anxiety both before and after the treatment. The findings of the multivariate analysis of covariance indicated that the mean post-test scores of the experimental and control groups differ significantly.

CONCLUSION

The study came to the conclusion that eye movement desensitization and reprocessing therapy intervention reduces social phobia levels in adolescents studying in schools. Thus, it is effective on social phobia in adolescents studying in schools

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