A qualitative study of social anxiety and impairment amid the COVID-19 pandemic for adolescents and young adults in Portugal and the US[*]

Un estudio cualitativo de la ansiedad social y el deterioro durante la pandemia de COVID-19 en adolescentes y adultos jóvenes en Portugal y EE. UU.

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Abstract

This qualitative investigation explored the social and academic experiences of socially anxious adolescents and young adults in Portugal and the US as they lived through the restrictions imposed by the COVID-19 pandemic. Participants were 10 Portuguese adolescents (mean age = 16.9 years; 50% female) and 7 young adults in the US (mean age = 19.67 years; 71% female; racially/ethnically diverse). Participants completed a semi-structured interview evaluating how the pandemic and social restrictions impacted social anxiety symptoms and associated functional impairment in social and academic domains. Thematic analysis was used to categorize responses across developmental stages and countries. Findings show consistent patterns across cultures, with symptoms of SAD extending to virtual contexts. Participants reported avoidance behaviors that were reinforced by social distancing mandates and declines in academic engagement during remote learning. Anticipatory anxiety about the return to normal social routines was also evident. Schools should be aware of the impact of social confinement on socially anxious students as they return to in person school schedules and social demands.

Keywords: Social anxiety, Social isolation, Academic impairment

Resumen

Esta investigación cualitativa exploró las experiencias sociales y académicas de adolescentes y adultos jóvenes con ansiedad social en Portugal y Estados Unidos mientras vivían las restricciones impuestas por la pandemia COVID-19. Los participantes fueron 10 adolescentes portugueses (media de edad = 16,9 años; 50% mujeres) y 7 adultos jóvenes en los Estados Unidos (media de edad = 19,67 años; 71% mujeres; racialmente/étnicamente diversas). Los participantes completaron una entrevista semiestructurada en la que evaluaron cómo la pandemia y las restricciones sociales impactaron los síntomas de ansiedad social y el deterioro funcional asociado en los ámbitos social y académico. Se utilizó el análisis temático para clasificar las respuestas en las distintas etapas de desarrollo y países. Los hallazgos muestran patrones consistentes entre culturas, con síntomas de TAE extendiéndose a contextos virtuales. Los participantes reportaron comportamientos de evitación que fueron reforzados por mandatos de distanciamiento social y disminuciones en el compromiso académico durante el aprendizaje remoto. La ansiedad anticipatoria sobre el retorno a las rutinas sociales normales también fue evidente. Las escuelas deben ser conscientes del impacto del confinamiento social en los estudiantes socialmente ansiosos a medida que regresan a los horarios escolares en persona y las demandas sociales.

Palabras clave: Ansiedad social, Aislamiento social, Deterioro académico.

Social anxiety disorder (SAD) is a debilitating psychological condition characterized by an intense fear of negative evaluation (La Greca & Stone, 1993). Adolescents with SAD

typically avoid social and performance situations or endure them with extreme distress, leading to pervasive impairment in interpersonal contexts (Beesdo-Baum et al., 2012). Its peak onset is adolescence, with 10% of teenagers meeting diagnostic criteria and about 90% of cases emerging during this period (Merikangas et al., 2010). Occurring worldwide, SAD is an international public health issue that begins at a critical time for social and academic growth (Jefferies & Ungar, 2020).

As the majority of feared situations occur at school, it is an especially challenging setting for youth with SAD (Masia Warner et al., 2016). The social avoidance characteristic of SAD restricts involvement in school activities and undermines class performance (Ranta et al., 2013). In fact, nearly 90% of youth with SAD report that their education is negatively impacted by anxiety (Gren-Landell et al., 2009). Thus, those with SAD have an increased likelihood of failing classes and dropping out of school (Stein & Kean, 2000; Vilaplana-Perez et al., 2021).

SAD symptoms also influence performance in post-secondary education, as students often have difficulty adjusting to the increased demands of college life (Hjeltnes et al., 2016; Russell & Topham, 2012). For example, one study of 1,073 Canadian college students found that greater social anxiety was related to less communication with instructors, classroom engagement, and school satisfaction (Archbell & Coplan, 2021). Consistent results were found in another study of 787 university students in the UK (Russell & Topham, 2012). Not surprisingly, SAD in emerging adults is associated with lower grades, compromised educational attainment, and greater absenteeism (Brook & Willoughby, 2015; Strahan, 2003; Urani et al., 2003).

COVID-19 and Social Anxiety

In March of 2020, the World Health Organization categorized COVID-19 as a global pandemic, resulting in drastic changes in how people interact, communicate, and learn. Initial work on the impact of COVID-19 on mental health suggests that individuals were negatively affected, especially those with pre-existing mental health conditions (Hawes et al., 2021). One meta-analysis including 29 studies of over 80,000 participants internationally found that the prevalence of youth with clinically elevated anxiety doubled (Racine et al., 2021). This pattern of deteriorating mental health has also been documented in emerging adults (i.e., individuals in their late teens/early-mid 20s; Arnett, 2007; Reyes-Portillo et al., 2022).

Less work has specifically examined how socially anxious youth have fared. Based on the nature of SAD, and its connection to social isolation and depression, there is particular concern about negative consequences for this population. The few studies exploring social anxiety have mixed findings. A longitudinal study of children and adolescents in the US (aged 10-16 years at Time 1 and 12-18 years at Time 2) showed that home

confinement was associated with *decreased* social anxiety and *increased* generalized anxiety during the pandemic (Hawes et al., 2021). However, a sample of adults in Germany with self-reported SAD found no change in pandemic distress (Bendau et al., 2021). Finally, three studies of adults in the US indicated that pre-pandemic SAD symptoms were associated with greater pandemic distress (Buckner et al., 2021; Ho & Moscovitch, 2022; Samantaray et al., 2022). Only one was exclusively focused on a sample with an SAD diagnosis (Samantaray et al., 2022).

The Current Study

Most information regarding the impact of the pandemic on mental health has relied on quantitative self-report data of psychological symptoms in general samples. Less work has investigated how the pandemic has affected adolescents and young adults with SAD, a population at heightened risk for negative adjustment especially as social restrictions end. This qualitative study explored how the pandemic affected socially anxious adolescents and young adults in Portugal and the United States, respectively. Because the pandemic disrupted education with most secondary schools and colleges/universities transitioning to remote instruction, the pandemic's impact on educational experiences was also explored.

METHOD

Participants were composed of two samples: 1) adolescents in Portugal and 2) young adults in the US. Prior to participating, individuals were screened to determine whether they met inclusionary criteria of having clinically significant SAD. Below is a description of the recruitment and screening process for each sample.

Screening and participants
Sample 1

Participants were adolescents recruited from a larger research project, "Changing the course of social anxiety in adolescence: What works, why, and for whom." Six hundred and eighty participants were screened for eligibility using the Social Anxiety Scale for Adolescents (SAS-A, La Greca & Lopez, 1998; Portuguese version, Cunha et al., 2004). Adolescents scoring above the normative mean (*n*= 129) participated in a follow up diagnostic interview using the Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID; Sheehan et al., 1998). Of those, 56 received a primary diagnosis of SAD. Each one was individually contacted to take part in the current study. The first five girls and first five boys who agreed to participate were included in the final sample. Mean age was 16.9

(SD = 0.57; range = 16 to 18 years) and participants were in the 10th (*n* = 3) and 11th (*n* = 7) grades. The mean SAS-A score was 69.20 (SD = 10.34, range = 64-82).

Sample 2

Participants were undergraduate students recruited from a larger study (*n*= 575) investigating stress and anxiety at a large public university in the United States. Participants completed the social anxiety subscale of the Screen for Adult Anxiety Related Disorders (SCAARED; Angulo et al., 2017) and were asked to provide consent to be contacted about the current investigation if their SAD score was above the clinical cutoff of 7. One hundred and seven students with elevated SAD provided consent and were asked to participate in a diagnostic interview. Of those, 23 individuals (21.5%) responded and participated in the Social Phobia module of the Mini-International Neuropsychiatric Interview (MINI; Sheehan et. al., 1998). Seven students who met at least subthreshold diagnostic criteria were invited to participate in the qualitative interview. The final sample included two males and five female and were racially/ethnically diverse (57.14% White; 14.3% Black and 28.6% Biracial), with a mean age of 19.57 years (*SD* = 1.51). Their mean SAD score was 12.14 (SD = 1.8).

Measures
COVID-19 Social Anxiety Qualitative Interview (CSAQI; Vagos et al., 2021).

Participants across samples that met inclusionary criteria completed a semi-structured interview developed by three researchers (Vagos, Ganho-Ávila and Lima) with experience in social anxiety. The CSAQI assessed the impact of pandemic restrictions on social anxiety symptoms and experiences. Six open-ended questions assessed: 1) changes in how adolescents contacted others during social restrictions; 2) experiences regarding the use of different communication channels; 3) changes in self-representations; 4) changes in SAD symptoms from pre-pandemic; 5) experiences with social distancing and safety measures; and 6) generalized anxiety. The CSAQI was developed in Portuguese and translated for us with the United States sample. In addition, for the US sample, questions about remote learning were added to capture the experiences of college students at the time of the interview.

Procedures

Qualitative interviews for the Portuguese sample were conducted in November 2020. Adolescents in Portugal had returned to schools for about two months following a lockdown period. CSAQI interviews were conducted virtually by two masters-level clinicians, and

lasted from 29 to 85 minutes (M = 52.8). Interviews with the US sample were conducted between June and August of 2021. The US was no longer in lockdown, but all college courses were remote and social distancing was required. Interviews were conducted virtually by senior psychologists and doctoral students, and lasted an average of 44 minutes (range= 35-60 minutes). All interviews were recorded and transcribed for coding.

Qualitative Analysis Procedures

Thematic analysis was utilized to identify interview themes across samples. Following a process recommended by Braun and Clark (2006), a series of iterative steps were used. First, the research team reviewed transcripts and developed initial codes. After applying the initial codes, transcripts were reviewed again, revising as needed. Codes were then combined to identify themes. Finally, the identified themes were reviewed in tandem with the coded text and definitions were further refined and entered into the coding manual (Braun & Clark, 2006). Table 1 includes the final themes and definitions. The coding manual was developed in collaboration with researchers across locations to ensure that identified themes were applicable to both samples. Research teams met weekly to discuss any coding disagreements, which were resolved via consensus.

RESULTS

Themes identified in the interviews and participant quotes that represent each of the themes are presented Table 1[1]. Quotes were selected based on how well they captured the most common responses from the interviews.

A. Changes in the Nature of Social Interactions.

Portuguese Sample. Most participants (90%) reported that they had fewer and lower quality interactions during and after confinement (A1:P2; A2:P1 A3:P7). Though 60% of participants said that they did not initiate contact with others during or after the lockdown, the remaining 40% noted that the confinement helped them to nurture existing peer relationships.

US Sample. All participants reported greater social isolation, more virtual communication (e.g., texting, social media) and reduced in-person socialization (A4:P6; A5:P5). Over

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1   Representative quotes from the table are presented in text by the code letter (e.g., A= Changes in Nature of Social Interactions), followed by the quote number in the table (e.g., 1= first quote presented) and the participant number. For example, A1:P2 means that this is the first quote in the table for the theme A= Changes in the Nature of Social Interactions and that it was said by participant number 2.

Table 1.
Impact of COVID-19 Pandemic on SAD

Theme	Definition	Quotes from Portuguese Sample	Quotes from US Sample
A. Change in Nature of Social Interactions	Changes in the modality and frequency of communication, as well as other interaction characteristics (e.g., quality or intentionality).	1. "I did not socialize that much with other people, did not talk much… I just kept to myself" (A1:P2). 2. "It was mostly through social media, like Whatsapp or Instagram, and I think that was it" (A2:P1). 3. "This year I am a bit isolated… I normally am 'on the side' … listening to music or watching people go by…" (A3:P7).	4. "The first few months I was…completely isolated I didn't see anybody…" (A4:P6). 5. "I would say I would talk to them more now over text" (A5:P5). 6. "I think it's made me …have more of an intent behind things when I communicate with people and really have to take a more active role in making sure I'm socializing and hanging out with people versus pre-pandemic when it was just a natural part of life." (A6:P3).
B. Changes in Social Anxiety Symptoms	Changes during the pandemic in the intensity and expression of cognitive, behavioral or somatic symptoms.	1. "I (*am afraid I may*) do something that they are not expecting and that that will be seen in a negative way" (B1:P8). 2. "Concerning interactions with other people, the anxiety has definitely diminished because… I didn't have to face any of my colleagues when I didn't want to." (B2:P10). 3. "(my anxiety was) a little higher when it was time to come back… When we had to come back, it was almost as like… a… new beginning. People I used to talk to, after this (confinement), it has been I don't know how many months… So, I have to try again…. But it was even more difficult… So, I would say (my anxiety) is a little worse" (B3:P6).	4. "(Panic attacks) are worse cause like I'm just I'm still not used to seeing so many people again. It just feels amplified." (B4:P6). 5. "…I made a friend during my first semester… I recently talked to her in person and it was hard for me to say what I wanted to and there was a lot of awkward pauses" (B5:P2). 6. "I definitely feel like I'm out of practice" (B6:P1). 7. "I feel like because of the pandemic now when I have a social interaction I'm like (dead) for the rest of the week" (B7:P4).

Theme	Definition	Quotes from Portuguese Sample	Quotes from US Sample
C. Avoidance of Judgment in Online Interactions	Safety behaviors associated with fear of negative evaluation online (e.g., turning off video camera, remaining silent).	1. "Sometimes I do strange things when I'm on camera I do a lot of gestures and funny expressions with my face… so it is awkward for me" (C1:P7). 2. "We don't need to reply right away, and we can think about what we are going to write and what we are going to say" (C2:P6). 3. "Sometimes I wanted to talk to someone, and instead of doing it in an instance, I would delay doing it for days… and then I would be like "how am I going to do that now…?" (C3:P10).	4. "I felt more pressure to keep up some sort of appearance of what my room is supposed to be like and everything like that. And having people seeing the inside of my house too" (C4:P5). 5. "(During zoom) I'm so glad I can hang a backdrop up so I don't have people in my private space of my room." (C5:P3). 6. "Having it be over the internet and not having my face attached to the things that I've said made it easier to speak my mind cause I didn't have to worry about who was going to judge me afterwards" (C6:P1).
D. Academic Impact due to COVID-19	Impact of COVID on academic outcomes including academic engagement, participation, focus, performance and other school-related worries.	1. "I didn't use to ask many questions… now I do even less…." (D1:P8). 2. "During online classes it was more difficult for me to understand the subjects… I did not understand them as well as I used to in in-person classes (D2:P6). 3. "When I am really confident in the answer, I may try it, but when in doubt, I rather not say anything" (D3:P4). 4. "I don't like interrupting people and it is likely that I would in online classes, so I think that's why I participated less" (D4:P7). 5. "For instance, we had to present a book online and if it was in-person I would have to go up front and be in front of everyone. Online, I just had to talk to the computer" (D5:P1).	6. "It's hard for me to pay attention during online classes but it's also easier…if I wanna ask a question in class it'll be easier for me to say it on zoom when the camera is off than … in class with a whole bunch of people around" (D6:P2). 7. "Jumping in to try and ask a question is so much harder on zoom, because you have to do the little hand raise icon and hope somebody gets to you or put it in the chat and hope someone answers it." (D7:P5). 8. "I am a lot more comfortable with my Zoom ones because yes I get tired over Zoom but afterwards I'm still in my home. I'm still where I'm comfortable." (D8:P4).

Theme	Definition	Quotes from Portuguese Sample	Quotes from US Sample
E. Impact of COVID-19 Mandates on Socialization	Reactions to COVID-19 mandates, including positive reactions (e.g., increased comfort in social situations) and negative reactions (e.g., difficulty speaking clearly).	1. "I also like having my space, and so when people cross my space, I get a little worried. And now that space is always there!" (E1:P2). 2. "Because people only see half my face they don't see how nervous I am so much" (E2:P5). 3. "With the mask… I don't feel comfortable if I am doing something and the person may be reacting behind the mask without me noticing it" (E3:P8).	4. "…I don't have to interact with people at all….I guess that would be easier.… I get to avoid social interaction entirely." (E4:P1). 5. "It's nice when I'm feeling in a withdrawn mood because half my face is covered so I feel anonymous." (E5:P3). 6. "I like the masks because it will hide my face and I'll feel less insecure about that but I usually talk… quietly so I have to repeat myself a lot which makes it a little bit more awkward" (E6:P2).
F. Increases in General Anxiety	Increases in non-social worries.	1. "If there is something that worries me now is the probability of me getting infected.… and then infecting the other members of my family" (F1:P6). 2. "My mother is a teacher, and they said that if the schools close, the teachers won't get paid…" (F2:P2). 3. "I think now there will be a big crisis and it will be very complicated… Going to college and then trying to get a job… that makes me a bit anxious" (F3:P3). 4. "So much has changed, and if it was different we could be together again… We are not going to have a prom or our seniors trip" (F4:P1).	5. "I'm a lot more concerned about germs and how clean things are… When we bring home groceries from the store we wipe them down, so for post-pandemic it'll be weird to not wipe things down with Clorox wipes as soon as you get home" (F5:P4). 6. "I worry about the vaccine a lot. 'Cause now it's a thing and I don't like that it's mandatory… they're trying to be safe but still I don't like that it's mandatory 'cause people should get to make their own choices." (F6:P7).

Note. Quotes are labeled with the code letter (e.g., A= Changes in Nature of Social Interactions), followed by the quote number in the table (e.g., 1= first quote presented and the participant number. For example, A1:P2 means the quote is the first quote presented for theme A= Changes in the Nature of Social Interactions, and that is was said by participant number 2.

half of participants reported that their social interactions were more purposeful during the pandemic (A6:P3), with four participants (57%) noting that they used this time to prioritize the relationships that were most meaningful to them.

B. Changes in Social Anxiety Symptoms

Portuguese Sample. Seventy percent of participants reported greater symptoms of SAD, which extended to online contexts, including fear of judgment (100%), somatic symptoms (80%), avoidance of social interactions (90%), and post-event processing (80%; B1:P8). Seventy percent of students expressed that avoidance helped to reduce anxiety (B2:P10). Most participants (70%) described significant anticipatory anxiety surrounding in-person interactions, with 60% of youth reporting they felt out of practice and needed to relearn how to socialize (B3:P6).

US Sample. SAD symptoms increased for most participants (n = 6, 86%) despite social demands being reduced and interactions being mostly virtual (B4:P6). Fears central to SAD remained present in online interactions, including fear of judgment (100%), fear of being watched (71%), somatic symptoms (71%), avoidance of social interactions (100%), and post-event processing (43%). All participants described increased apprehension about resuming in-person socialization, even with familiar people (B4:P2). Many noted that interactions were difficult and more exhausting than they were previously (B5:P1; B6:P4).

C. Avoidance in Online Interactions

Portuguese Sample. Ninety percent of participants engaged in avoidance behaviors during online interactions (e.g., keeping their cameras off). Participants who choose to keep their cameras on still found it distressing and were self-conscious about their appearance (C1:P7). Half of adolescents described safety behaviors such as not responding to messages right away and ruminating over what to say when communicating online (C2:P6; C3:P10).

US Sample. The most common fear was worry about negative evaluation during online interactions. All participants worried about judgement regarding their surroundings or behaviors (e.g., fidgeting; C4:P5; C5P3). Most participants (*n* =5; 72%) engaged in safety behaviors (e.g., keeping cameras off) to reduce evaluative anxiety (C6:P1).

D. Academic Impact

Portuguese Sample. Most participants (90%) reported that the pandemic impacted their educational experiences. Eighty percent participated less (or not at all) during online classes and avoidance continued when classes resumed in person (D2:P8). Twenty percent indicated difficulties paying attention and understanding content during online

instruction (D2:P6). Some students (30%) felt more anxious speaking up in online classes (D3:P4), which was attributed to a fear of being perceived negatively by peers (D4:P7). Others felt more comfortable speaking up (20%), because they felt less exposed behind a screen (D4:P7). Twenty percent of students felt their classes were less demanding, which alleviated anxiety.

US Sample. Most participants (86%) described challenges during remote learning, such as difficulty participating, connecting to other students, and paying attention (D6:P2; D7:P5). Worries about appearing too eager or interrupting classmates interfered with participation (29%). Unlike in-person courses, it was more difficult to establish relationships with classmates (57%). One student noted more comfort participating in courses in the familiar home environment and that asking questions and presenting were easier on screen (D8:P4).

E. Impact of COVID-19 Mandates on Socialization

Portuguese Sample. Adolescents had mixed feelings about social distancing measures, with 50% reporting both positive and negative reactions. Eighty percent indicated that social distancing (E1:P2) and mask mandates (E2:P5) increased comfort in social interactions, mostly because they facilitated avoidance. However, 70% acknowledged that the mandates impaired their ability to interact and read others' reactions during social situations (E3:P8).

US Sample. All participants perceived social distancing requirements positively, as they justified decreased social contact and lessened anxiety (E4: P1). Relatedly, 100% of participants noted that mask mandates increased comfort interacting with others and helped to maintain anonymity in public (E5:P3). However, three participants acknowledged that masks sometimes created discomfort in interactions (e.g., making it more difficult to speak clearly; E6:P2).

F. Increases in General Anxiety

Portuguese Sample. All participants described increased awareness of non-social worries related to health (90%; F1:P6), finances (40%; F2:P2), and the future (e.g., going to college, being able to find employment; 30%; F3:P3). Two participants (20%) felt distressed about missing out on normative life experiences such as prom and senior trips (F4:P1).

US Sample. Participants indicated generalized worries related to health (86%), finances (29%) and apprehension about the future (43%). More than half elaborated on health anxieties related to germs and contamination (57%; F5:P4) and the COVID vaccine (57%; F6:P7).

DISCUSSION

The tremendous social and academic changes spurred by the pandemic have obvious relevance for adolescents and young adults with social and performance fears. This qualitative study supports this notion, providing rich descriptions of how social anxiety and its manifestations have been influenced. Participants reported greater social isolation and more virtual communication, during which the social fears typical of SAD were experienced, suggesting that social anxiety permeates all social situations. Fear of judgement, behavioral avoidance, and the use of safety behaviors were common across participants, providing short term relief of symptoms. Academic engagement during online courses was also negatively impacted. Finally, significant anticipatory anxiety surrounding the return to normal routines and in person courses were pervasive among participants. Most striking was the consistency in findings across developmental periods and countries.

A common theme was that social restrictions necessitated by the pandemic reduced social expectations and allowed for increased avoidance. For example, remote learning allowed students to avoid many experiences typically distressing to individuals with SAD such as speaking in class, presenting, and communicating with instructors and classmates (Ranta et al., 2013). This is consistent with studies indicating that home confinement reduced social anxiety in youth during the pandemic (Hawes et al., 2021). Although avoidance may provide short term relief, it also maintains and worsens anxiety over time (Clark & Wells, 1995; Miers & Masia, in press). Thus, the increased avoidance during the pandemic likely has long-term repercussions, such as difficulty establishing friendships, romantic relationships, and developing social skills (Reyes-Portillo et al., 2022). Participants in the current study recognized these possible challenges moving forward; all students reported significant anticipatory anxiety regarding increased socialization and the potential deterioration of their social skills.

Notably, a main area of impairment was related to educational experiences. Participants reported that remote learning had several negative consequences including difficulty developing relationships with peers in class, staying focused, and participating. These findings suggest that associations between SAD and academic engagement extend to virtual learning environments (Archbell & Coplan, 2021). Reduced academic engagement continued once students returned to in person classes for the Portuguese sample, indicating that motivating youth to participate and reconnect as schools return to traditional formats may be a significant challenge. Unexpectedly, only one participant across samples noted concerns about academic performance/grades, despite research suggesting that SAD is associated with academic impairment (Ranta et al., 2013; Stein & Kean, 2000). It is possible that academic engagement was most negatively affected. However, given the link between academic engagement and performance, future research should monitor academic progress of socially anxious students.

Clinical Implications

Results indicate that socially anxious adolescents and young adults are likely to have substantial challenges as they transition back to pre-pandemic routines. To ease the adjustment, it is important to provide these youth with appropriate school supports. For example, psychoeducation delivered in classes can help students understand their anxious feelings, the negative impact of avoidance behaviors in school, and the benefits of gradually entering feared situations. Given that many struggles occur within the school context (e.g., asking questions in class, joining groups with peers), school personnel can assist students in practicing these skills in classrooms and around the school building (Masia-Warner et al., 2016). In addition, encouraging youth to capitalize on potential relationships strengthened during the pandemic and to maintain them by continuing to initiate social contacts may also reduce distress. Finally, given declines in academic engagement, it is important that schools provide stimulating assignments reflecting the unique interests of the student body and support positive school relationships (Furlong & Christenson, 2008). One mechanism to improve school connections is to educate teachers and school staff members on the unique risk factors associated with social anxiety through mental health literacy efforts. Psychological check-ins, such as having brief daily meetings with those at risk, might be effective in monitoring symptoms, ensuring that youth are academically engaged in their courses and making academic progress (Mansfield et al., 2021).

Limitations

While this study has several strengths including a focus on those with clinically significant social anxiety and a diverse sample of participants across two countries, it also has limitations. Data from the current study are qualitative summaries of individuals' experiences, and quotes presented were chosen because they were strong representations of the common themes identified across all interviews. Though this provides rich data, it is important to note that this is a small sample and represents the individual experiences of the participants in the current study. More research with larger samples and mixed methods is needed. It is also important that future research explore whether the experiences of those with SAD differ from healthy adolescents and young adults. Finally, the different cultural contexts and time periods in which data were collected prevent the direct comparison of the two samples. However, it is important to note that striking similarities were apparent across cultures.

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