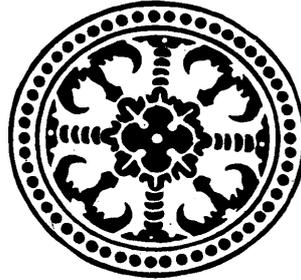


**LAPORAN *ELECTIVE STUDY* TAHAP I**  
**RELATIONSHIP BETWEEN AGORAPHOBIA AND SOCIAL**  
**MEDIA IN TEENAGERS**



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## **PREFACE**

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## **ABSTRACT**

### **RELATIONSHIP BETWEEN ANXIETY AND SOCIAL MEDIA IN TEENAGERS**

Teenage phase is an essential phase in human being life. Teenage phase is between 10-19 years. There will be so many changes in this phase. The changes will be in biology, psychology and social. Biological changes will occur in puberty phase. Specific change in puberty phase is anxiety.

Agoraphobia is related when a person is fear of open spaces. Day by day the agoraphobia is still in a controversy state. It depend on a person how they live their life. The factors causing agoraphobia are biological factor, genetic factor, and psychosocial factor. All these factors are related to one another.

People with agoraphobia tend to be afraid of their lives. They will avoid crowded places, and they don't talk much and don't socialize much. They will lose interest. They always have a grumpy face which shows that they have some problem. They chose to be sadder than being happy. Agoraphobia might be main reason for teenagers to be left alone. When teenagers have agoraphobia, they will take the wrong path such as smoking, drink alcohol, skipping classes, and spend more time on social media. So, it is very important to know about agoraphobia in teenagers at the beginning rather than worrying in the future.

Key word: teenagers, agoraphobia, social media

# CHAPTER I

## INTRODUCTION

### 1.1 Background

Adolescence is a phase transition from a phase children to a mature phase. Adolescent phase is a transition phase that is most important in humans because there were many changes. A significant change is perceived on aspects of growth and development of a person. Their process of growth and development which increased due to the change in terms of biological, psychological, and social. One of the biological developments that occur is puberty.

Puberty showed hormonal changes that affect sexual attitudes change, global communications, and changes in behavior. Physical growth rose sharply, identity development, acquisition and development of skills needed in adult stage also occurs in the phase of puberty (WHO, 2016). And one thing that characterizes the puberty is a change of mood. Mood changes in adolescents directly or indirectly will affect the mindset and behavior. One form of mood that often occurs in adolescence is depression (Lopez A., 2006).

Agoraphobia is uncommon among children, but it may develop in adolescents, particularly those who also have panic attacks. Patients consistently have fear or anxiety about  $\geq 2$  of the following for  $\geq 6$  mo.: Using public transportation, being in open spaces, being in enclosed spaces, standing in line or being in a crowd, being outside the home alone.

Also, the fear must cause patients to avoid the distressing situation to the extent that they have difficulty functioning normally (eg, going to school, visiting the mall, doing other typical activities). Patients may have panic attacks when they are exposed to the distressing situation.

Agoraphobia must be distinguished from specific phobias (eg, to a certain situation), social anxiety disorder, and panic disorder. Also, agoraphobia must be distinguished from depression, which can cause patients to avoid leaving the house for reasons unrelated to anxiety. (Josephine E, 2014).

The result of agoraphobia is an ever shrinking world. Your teenager is willing to go out less and less, only with certain people, and to fewer and fewer places. Eventually your teenager might not go out at all. They might start to feel depressed because they just can't bring themselves to do the things they used to. They might even ask you about home schooling and quitting their extra-curricular activities. The relief of knowing they could be at home, where panic either doesn't occur or is at least in a comfortable place, causes your teen to stop the things they used to do. (Goodman, 2016).

So from what we have seen, deeper research should be done in order to overcome agoraphobia. If it is not done, later in the future teenagers will have a lot of problem in their lives. If it is done, it will be the major solution for agoraphobia in teenagers because of social media.

## **1.2 Problem**

1.2.1 Does agoraphobia occurs within teenagers?

1.2.2 What is the relationship between agoraphobia and social media within teenagers?

## **1.3 Aim of Research**

1.3.1 To know agoraphobia occurs in teenagers.

1.3.2 To know the relationship between agoraphobia and social media within teenagers.

## **1.4 Benefit of Research**

1.4.1 Benefits for people

To give information about agoraphobia in teenagers. This is also beneficial in a way because it is a way to overcome agoraphobia in teenagers.

1.4.2 Academic benefits

To add information about the relationship between agoraphobia and social media within teenagers

## **CHAPTER II**

### **LITERATURE VIEW**

#### **2.1 Teenagers**

In social adolescence is a period of increasing role in the preparation for adulthood. Adolescence occurs at age 10-19 years (WHO, 2016). Generally divided into three periods: early (aged 11 to 14 years old), middle (14-17 years) and late (17-20 years). Adolescence is marked by a change in the development of biological, psychological, and social factors stand out. One of the biological development that occurs is the stage of puberty.

In the period of puberty occurred several changes one axis is the maturation of the hypothalamic-pituitary-adrenal-gonadal (HPAG-axis). Maturation in HPAG axis causes of primary and secondary sex characteristics, and hormonal changes. Hormonal changes that occur during adolescence is an increase in the hormone FSH (folicle Stimulating Hormone), LH (Luteinzing Hormone), testosterone, and estrogen. The result will affect the central nervous system function, mood and behavior. A decrease in estrogen in women occur before menstruation will result in a depressed mood (Sadock, 2010).

#### **2.2 Definition of Agoraphobia**

Agoraphobia is often thought to mean a fear of 'open spaces'. This is partly true. Many people with panic disorder avoid a number of situations because of their fears. This avoidance is known as agoraphobia, which is anxiety about being in places or situations from which escape might be difficult or in which help may not be available if a panic attack occurs. For this reason people with agoraphobia often avoid places such as trains, crowds and queues, shopping malls,

flight, market or only enter these situations with a trusted friend or relative. Some people with agoraphobia even avoid places where help would be available should a panic attack occur. Obviously this can be extremely disabling and often limits opportunities in terms of work, social or other activities.

### **2.3 Pathophysiology of Agoraphobia**

The common cause of major agoraphobia disorder is not certain because of their heterogeneity in patient populations. The cause of agoraphobia is divided into three factors: biological factors, genetic factors, and psychosocial factors. These three factors can interact and affect one another.

#### **2.3.1 Biological factor**

Which is included in the biological causes of agoraphobia will be anxiety and depression: biogenic amines, other neurochemical, cortisol levels, and neuroanatomist. Changes to amine biogenic i.e. dysfunction in dopamine pathways mesolimbic, hypo activity on dopamine receptors type 1 (D1), decreased levels of serotonin, the concentration of the metabolite low serotonin in the cerebrospinal fluid, the concentration of serotonin are low on blood platelets and decrease the amount of norepinephrine is released ( Sadock, 2010).

At the neurochemical decreased creatinine concentration of glutamate and / phosphocreatine in cingulate anterior cortex, and increased concentration of choline in the left dorsolateral prefrontal cortex (Rao U, 2009). In addition there is a difference in the changes neurochemical responses to stress, their dysregulation of the HPA axis (Holsboer F, 2001), and the absence of changes in the pattern of cortisol within 24 hours in children who are feeling depressed. But in adolescents at risk for depression, there is a high cortisol secretion (Goodyer IM, 2000)

In terms of their anatomical pathology in the limbic system and basal ganglia are closely interconnected, and also abnormalities in the limbic system of the associated production of

emotions. There was also a hypothalamic dysfunction is estimated to occur because of changes in sleep, appetite, and biological changes (Sadock, 2010).

### **2.3.2 Genetic factor**

Twin studies of anxiety disorders, although limited in number, report a 30-40 per cent concordance among MZ twins, against 0-4 per cent among DZ twins, which supports a genetic predisposition. Up to 50% of people with panic disorder and 40% of patients with generalized anxiety (GAD) have close relatives with the disorder. (About half of GAD patients also have family members with panic disorder, and about 30% have relatives with simple phobias.)

Obsessive-compulsive disorder (OCD) is also strongly related to a family history of the disorder. Close relatives of people with OCD are up to 9 times more likely to develop OCD themselves. Researchers are making progress in identifying specific genetic factors that might contribute to an inherited risk. Of particular interest are genes that regulate specific neurotransmitters (brain chemical messengers), including serotonin and glutamate.

Studies which have used the 'ancestral pairs' method (which examines the incidence of the condition in maternal versus paternal forebears, on the assumption that single locus transmission is favored by unilateral clustering, and polygenic theories are favored by a more even spread) have favored single locus transmission, although such unilateral clustering can still be accommodated within a multifactorial-polygenic hypothesis.

### **2.3.3 Psychosocial factor**

The risk factors of agoraphobia is because of depression. Depression appears to be increasing during the transition of children into adolescence (Kessler RC, 2001). Psychosocial factors that influence the incidence of depression is the development of social - cognitive (way of thinking is more abstract and able to generalize on the situation and any time), the transition interpersonal (changing role in social, family, and peers), and changes in social context (Andersen SL 2008 and Rudolph. KD, 2009). In addition, factors of life events, the presence

of a stressor, change of functional processes neurotransmitter and signaling changes in intraneuronal, also affects the incidence of depression. (Sadock, 2010).

#### **2.4 Clinical manifestation of agoraphobia**

The symptoms of agoraphobia include anxiety that one will have a panic attack when in a situation from which escape is not possible or is difficult or embarrassing. Examples of such situations include using public transportation, being in open or enclosed places, being in a crowd, or outside of the home alone. The panic attacks that can be associated with agoraphobia, like all panic attacks, may involve symptoms and signs like intense fear, disorientation, rapid heartbeat, dizziness, or diarrhea. Agoraphobic individuals often begin to avoid the situations that provoke these reactions. Interestingly, the situations that people with agoraphobia avoid and the environments that cause people with balance disorders to feel disoriented. (Simon, MD. 2011)

**Table 2.1**

**DSM-V-TR Diagnostic Criteria for Agoraphobia**

- A. Marked fear or anxiety about two (or more) of the following five situations:
  - 1. Using public transportation (e.g., automobile, buses, trains, ships planes)
  - 2. Being in open spaces (e.g., parking lots, marketplaces, bridges).
  - 3. Being in enclosed places (e.g., shops, theatres, cinemas).
  - 4. Standing in line or being in crowded.
  - 5. Being outside of the home alone.
- B. The individual fears or avoid these situation because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the elderly; fear of incontinence).
- C. The agoraphobic situations almost always provoke fear or anxiety.
- D. The agoraphobic situation are activity avoided, require the presence of a companion, or are endured with intense fear or anxiety.
- E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situation and to the sociocultural content.
- F. The fear, anxiety, or avoidance is persistent, typically lasting 6 months or more.
- G. The fear, anxiety or avoidance cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. If another medical condition (e.g., inflammation bowel disease, Parkinson's disease) is preset, the fear, anxiety, or avoidance is clearly excessive.
- I. The fear , anxiety, or avoidance is not better explained by the symptoms of another mental disorder-for example, the symptoms are not confines to specific phobia, situation type; do not involve only social situation (as in social anxiety disorder); and are not related exclusively to obsessions (as in obsessive-compulsive disorder), perceived defects or flaws in physical appearance (as in body dysmorphic disorder), reminders of traumatic events (as in posttraumatic disorder), or fear of separation (as in separation anxiety disorder).

## **2.5 Relationship between agoraphobia and social media within teenagers**

Study found that adults with major depressive disorder spent excessive amounts of leisure time on the computer, while those with dysthymia, panic disorder, and agoraphobia spent more time watching television than the control group or those with other disorders (de Wit et al., 2011). Research indicating that depression correlates with less actual social support from offline networks.

Moreover, when teenagers are depressed they tend to lose concentration and stay at home. Most teenagers will avoid crowded places and to go out and spend their time in social media. They think social media is their world and forget about the real world.

## **CHAPTER III**

### **END**

#### **3.1 Conclusion**

Adolescence is a phase transition from a phase children to a mature phase. Adolescent phase is a transition phase that is most important in humans because there were many changes. One of the changes that occur in terms of biological development is puberty. Characteristic changes that occur during puberty is the presence of depression. Depression is a disorder that affects at what is perceived and contemplated. The main symptoms of depression include agoraphobia and their affective depression, loss of interest and excitement, and reduced energy toward increasing state of tiredness (fatigue real working after just a little) and a decline in activity.

Symptoms of agoraphobia that occurs in adolescent phase is important. This is because the symptoms of agoraphobia is a risk factor for suicide , increased risk of being alone , decreased social functioning , and less talking and socialize. It's important to recognize the symptoms of agoraphobia in adolescents from the beginning in order to avoid unintended negative impacts.

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